**Summative Retake-Student Checklist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hr: \_\_\_**

**Assessment to be retaken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of initial assessment:\_\_\_\_\_\_\_\_\_\_\_ Return of initial assessment: \_\_\_\_\_\_\_\_\_\_\_**

***This form must be completed and handed in within three days of return of initial assessment.***

**The items initialed below are part of my required action plan for preparing for this reassessment:**

* Complete all homework assigned for this assessment.
* Complete additional review provided for by teacher.
* Complete this sheet with all signatures
* Make assessment/review corrections
* Meet with teacher before or after school for extra practice.
* Use additional resources suggested by the teacher.

([www.khanacademy.org](http://www.khanacademy.org)) - videos, Mrs. Osar’s website ([www.](http://www.)math.osar.us), videos and review worksheets

* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I will take responsibility for my own continued learning:**

* I will show teacher proof that I completed the above checked items when all are done.
* I will take pride in my desire to continue to learn and improve.
* I will share this plan to improve my understanding with my parent/guardian so they can positively encourage me and/or provide transportation.
* I will find a suitable time to come in to do the retake before school or after school.

**Retake date and time must be pre-arranged with teacher**.

Please see calendar of events and agreement on back of form.

I understand that the form of the retake will be different than the original assessment. I also understand that in the event I do not follow through with the plan as a whole, the teacher has the discretion to refuse the retake.

**Date of retake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My timeline for improvement☺:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon \_\_\_\_\_** | **Tues \_\_\_\_\_\_** | **Wed \_\_\_\_\_\_** | **Thur \_\_\_\_\_\_** | **Fri \_\_\_\_\_\_\_** |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon \_\_\_\_\_** | **Tues \_\_\_\_\_\_** | **Wed \_\_\_\_\_\_** | **Thur \_\_\_\_\_\_** | **Fri \_\_\_\_\_\_\_** |
|  |  |  |  |  |