Name: Block:

|  |  |
| --- | --- |
| Which assessment/standard(s) would you like to reassess? |  |
| Current Score |  |
| Did you complete and turn in all formative assessments? |  |
| Did you do your best on the summative assessment? |  |
| What did you struggle with or not fully understand the first time, causing you to submit this reassessment form? |  |
| Which QueST day would you like to meet to receive reteaching from a peer or teacher? |  |
| If you feel you do not need reteaching, what will you do to improve your understanding? |  |

|  |  |
| --- | --- |
| Day and time of reassessment |  |

Signatures:

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_