

Mr. Reuter Reassessment Plan

Name :

Period :

Which assessment/standard(s) would you like to reassess?	
Current Score	
Did you complete and turn in all formative assessments?	
What did you struggle with or not fully understand the first time, causing you to submit this reassessment form?	
Which day would you like to meet with your teacher?	
What will you do to improve your understanding?	

Day and time of reassessment	
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Signatures:

Student: _____ Parent/Guardian: _____

Teacher: _____

*Reassessment must be accomplished within **2 weeks** of the summative assessment covering the standard(s) has been returned with feedback