

Name: _____

Period: _____

Reassessment Request Form

Which learning goal are you ready to reassess? *

Please be specific. You may only reassess more than one learning goal at a time if they are clearly linked to one another. You may only reassess skills which have been assessed within the last two weeks, and you may not reassess skills in the week before grades are due.

Why do you think you had difficulty mastering this learning goal(s) on your most recent assessment of the goal? *

Please be specific. Taking time to think about how you were thinking is beneficial to understanding.

What specific work have you done to ensure that you understand the learning goal(s) for this reassessment? *

For example, "I did problems" or "I watched the video" is not a sufficient explanation. State which problems you worked on and what source they are from. You will be expected to turn in tangible evidence of this work prior to undertaking the reassessment.

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How would you like to undertake the reassessment? *

Detail how you will demonstrate your knowledge. Examples:

- Teach the instructor the concept.
- Create a detailed worksheet of original problems (with solution sheet).
- Take a quiz or test on the topic.
- Create a video screencast.

Be as specific as possible. If you are unsure, feel free to discuss with the instructor beforehand.

What date/time would you like to do the reassessment? *

All reassessment requests must be submitted before 3:05 pm at least 48 hours prior to the day you wish to take the reassessment. For instance, submitting it before 3:05 pm on Monday would allow you to take it Wednesday or any day after that.