

Orrick High School
Request for Reassessment

All Retakes will take place on the 1st and 3rd Wednesdays after school unless scheduled specifically with a teacher.

Name: _____ Class: _____ Date: _____

Assessment Name/Concept/Unit: _____

Previous Score: _____ Desired Score: _____

Date of Reassessment: _____

Are you missing any assignments for this concept/unit? _____ If so, please list the assignment(s) below:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Why do you think you might have struggled with this concept/unit?

Name three activities you will do to improve your understanding of this concept. Tutoring is required.

1. Tutoring (date /time /who) _____
2. _____
3. _____

Reassessment Schedule Due By: _____

Schedule of Required Activities				

Teacher Approval and date: _____

Student Signature and date: _____

Parent Signature and date: _____