

## Relearning/Reassessment Plan (Major Assessments Only)

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Class and Period: \_\_\_\_\_

**DIRECTIONS:** Work with your teacher to complete this form in its entirety and then turn into your teacher for reassessment.

**SCHEDULED REASSESSMENT DATE/TIME/LOCATION:** Your teacher will assign a day and time to retake your assessment after all