

Test Reflection Form

My Name _____

My Test Grade: _____ Goal Grade: _____

Things that might have contributed to this grade (check all that apply):

- I missed a lesson and did not make-up/learn what I missed.
- I did not take notes or did not pay attention during lessons.
- I did not fully complete my review or study adequately for the test.
- I did not attend tutorials when I was confused.

Other: _____

Mandatory Requirements for eligibility to reassess at Teachers' Discretion:

- Attend Mandatory Tutoring on: _____ at _____
- Complete all assignments (regardless if the grade is a "zero")
- Complete all quiz corrections in the correct format and original quizzes (and stapled)
- Complete all test corrections in the correct format (and stapled)
- Parent/Guardian signature on reflection form

I understand that I am eligible for reassessment once per nine-weeks. I also understand that whatever grade I receive on the reassessment can be averaged in with my original test grade. **The maximum replacement grade is 70%.**

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____ Scheduled Reassessment Date: _____