

## CHS Request to Re-Assess



If you wish to retake an assessment (test or quiz), you must fill out this form, complete and attach the required work, and sign. You have **5 school days** from the date that the original assessment **was returned to you** to retake your assessment. The maximum grade for the re-assessment will be a 70%.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Period: \_\_\_\_\_

Assessment you request to retake: \_\_\_\_\_

Concepts covered on the assessment: \_\_\_\_\_

Date original assessment was returned to you: \_\_\_\_\_ Original test score: \_\_\_\_\_

### REFLECT

Explain your low assessment score below...

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### PREPARE

List 3 Things you have done to prepare yourself for the re-assessment:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Things to attach: (please use a paperclip)

- o \_\_\_\_\_
- o \_\_\_\_\_
- o \_\_\_\_\_

### COMMIT

Date you would like to re-assess: \_\_\_\_\_ Class Period \_\_\_\_ / Before / After School (**circle one**)

*I request the opportunity to re-assess this concept. I have worked hard to improve my understanding of this concept and I am ready to re-assess.*

Student Signature \_\_\_\_\_

Parent Signature (Preferred, but not required) \_\_\_\_\_