

5th **Grade Reassessment Request**

| Name: | Date: | Teacher: |
|--|----------------------------|--------------------|
| Test to reassess: | | Current Score: |
| Explanation for low test score: | | |
| Give this form to teacher after | completing the top portion | on |
| Please complete the following checked items to sl (teacher will check boxes for required items) | now that you are ready fo | or a reassessment: |
| \Box Test corrections: (Use a colored pencil, do not erase old work, rework the problem, write a sentence explaining your original mistake.) | | |
| \Box Test corrections: (Write correct answer. Write to prove that this is the correct answer.) | a sentence with evidence | e from notes/text |
| ☐ Complete the following IXLs to a Smartscore of 80: | | |
| ☐ Complete all work/notes with correct answers. | | |
| \square Study with another person: teacher, parent, older sibling, tutor, other (circle one) | | |
| □ Other: | | |
| **Deadline to turn in work and reassess: | | _ |
| I understand that | | |
| • It is my responsibility to work with my teacher | on scheduling the reasses | ssment. |
| • I must show that I have put effort into practicing before the reassessment. | | |
| • My teacher can change the format of the assessment. Therefore, I may not be getting the exact same assessment that I originally had. | | |
| • I cannot use reassessment as a means of avoiding | ng to prepare for tests. | |
| • I request the opportunity to retake this assessment. I have worked hard to increase my understanding of the tested concepts. | | |
| Student Signature: | | _ |
| Parent Signature: | | _ |