



## Request for Redo Form

Student Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Assessment to Redo: \_\_\_\_\_

Original Grade on Assessment: \_\_\_\_\_

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The plan of action is to complete the following items. The student will be responsible for providing the evidence selected below:

<input type="checkbox"/> Flashcards	<input type="checkbox"/> Create an outline or graphic organizer
<input type="checkbox"/> Extra practice assignment	<input type="checkbox"/> Exam corrections
<input type="checkbox"/> Complete missing assignments	<input type="checkbox"/> Have a parent or peer quiz me
<input type="checkbox"/> Tutoring/Study Session: Location/ Time _____	<input type="checkbox"/> Other:

**EVIDENCE DUE:** \_\_\_\_\_

**REDO SCHEDULED DATE:** \_\_\_\_\_

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By signing this form, I acknowledge that my second score will be recorded in the gradebook, regardless of whether this score is higher or lower than my original score. I also acknowledge that this is my one retake in this class for the nine weeks grading period and that the second attempt of the assessment may not look identical to the first assessment. If this process has not been completed by the date agreed upon, an assessment redo will not be allowed.

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

Parent Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_