Summative Reassessment

Contract

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Class: (circle one) physical education / health

Name of Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade received on the original test\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why you did not meet the standards on the original test?

What specific areas do you need to improve upon?

How do you plan to prepare for the reassessment? What is your plan for improvement?

Prior to taking the reassessment, you must complete the following:

* Complete and turn in all required assessments for this unit.
* Complete the study guide.
* Provide evidence of additional studying/preparation for the reassessment (study with peer/parent, review with teacher, study notes, create flashcards, etc.)

This form must be signed by a parent/guardian prior to scheduling a retake. You have one week (five school days) to complete and turn in the required forms with this signed sheet.

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

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_