**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LCHS Math/Science Reassessment Policy**

Teachers will give students the opportunity to demonstrate new learning within each unit throughout the course. Class time will not be provided for the reassessment process.

* Students need to seek the request to reassess within two days of receiving the marked assessment.
* Reassessments for unit exams will be given within two weeks of the original assessment being returned.
* Students must complete and review their unit exam corrections within one week of the exam being returned with their teacher. The exam corrections must be done on a separate sheet of paper for each incorrect question or problem on the exam:
	+ Number the problem/question and rewrite it.
	+ Write at least two complete sentences explaining what your error was and what you need to do to correct it. Write enough to prove that you understand it now.
	+ Show all work to correct the problem or question and include the right answer.
* Students can also complete or redo the original practice questions and/or quiz questions and/or work with web based resources: IXL practice questions, Khan Academy etc.
* Only a single reassessment will be provided for an individual unit exam.
* Reassessment mark will fully replace the original final unit exam mark.

**Unit to be reassessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reflection**

Final Unit Assessment Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific reasons for score:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Plan** Activities I will complete in order to improve my understanding of the concepts:

* Complete my unit exam corrections and conference on or before: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASSESSMENT Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teacher Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request the opportunity to redo my summative assessment.

**Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**