**Retake Learning Plan**

*Directions: Please complete all sections below in order to retake an approved summative assessment. Please feel free to expand your answer beyond the space provided.*

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Course:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_

**Name of Assessment you wish to retake:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reflection**

How did you prepare for the original assessment?

What specific areas/topics from the assessment need improvement?

**Action Plan**

What will you do differently to prepare for the retake of the assessment?

**Parent/Guardian Support Plan (to be filled in by parent/guardian)**

Please explain specifically what you will do to support your child and his/her Action Plan.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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

Scheduled Retake Date : \_\_\_\_\_\_\_\_\_\_\_\_

Teacher comments/suggestions: