

**This form needs to completed, signed, and handed in to the teacher to be reviewed for an additional opportunity for assessment**.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Teacher: **Mrs. A. Orchard**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current Mark:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rewrite Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit (**number and title**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Self Reflection:**

1.  What did I not understand when I tried this for the first time?

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2.  What am I going to do to re-learn the material? Be specific with your strategies.

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3.  What resources am I going to use to help re-learn the material? Be specific.

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**Teacher expectations:**

1. What do I expect of the student?

* *Chapter Study notes: Be clear & concise.(Notes handed in before ACTUAL exam)*
* *Assignments must be complete.*
* *Evidence of extra practice. (Due on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*

2. What is the date, time and location of this opportunity?

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

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

Failure is simply the opportunity to begin again, this time more intelligently.” — Henry Ford