**Integrated 2 Retest Reflection Sheet** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test Number: \_\_\_\_ Original Score: \_\_\_\_**

In order to retest, all in-class exercises and homework must be completed regularly. You also have to be making an effort to learn and understand during class and on your own time. If it is clear that you are not putting forth effort with your homework or in class, you may forfeit retesting privileges.

**DIRECTIONS:**

* Look over your test.
* Organize the topics into two categories:

(1) Portions of the test you understand and

(2) Portions of the test you need additional help on

* Provide a **specific plan** on how you are going to improve your understanding.
* Your plan may include some combination of test corrections, additional practice problems, before/after school help, tutoring, Lunchtime Learning Lab (in A107 during both lunches Monday through Thursday), etc… Create a plan that works best for your needs.
* Once a plan is in place and you have executed this plan, your parent or guardian must sign this form.
* This form is your ticket to the retest. The retest will not happen until this form is complete and turned in.
* Retests will be completed in Academic Lab. You will not receive extra time if you arrive late.

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| **PART A: Areas of Strength** |

(1) What parts of this test do you understand?

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| **PART B: Areas for Improvement** |

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| (2a) What parts of this test do you need extra practice with?  (2b) My strategy/plan that will improve my understanding:  *(Include specific details)*  By signing below, I acknowledge that I am aware of and accept the work that my student has done in preparation to retake this test. I am also aware the first test will count as 30% and the second test counts for 70% of the final score. |

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