

Regroup Inventory / Retake Plan



Just retaking a quiz or test will not produce different results. Please use this form as a vehicle to consider why you had trouble with this quiz and how you will regroup to ensure that you will improve on your second attempt. There are two sections (front and back), and student and family signatures are required.

Student Name (First and Last): _____

SPN INTRO 6 / SPN INTRO 7-8

Class (Circle one):

SPN 1 / SPN 2

Hour (and Day if 6th grade): _____

Quiz or Test (Circle one):

Quiz

Test

Assessment Name: _____

What was your % score? _____

Date of original assessment: _____

Date of retake: _____

Must be Thursday after school or Friday before school

PART 1: REGROUP INVENTORY

I understand the material

If I took this quiz/test with my notes and/or textbook, I would earn an A.

YES

NO

I need help from an adult before I can do the retake.

This could be your teacher or someone in your family.

YES

NO

I studied the correct material.

YES

NO

I started studying enough days ahead of the assessment to be prepared on time.

YES

NO

I studied for an appropriate amount of time each day.

YES

NO

I used practice strategies that matched the expectations/format of the assessment.

YES

NO

This is the first time that I have needed a retake for this class.

YES

NO

Student Comments (Optional) – What else contributed to this stumble?

PART 2: RETAKE PLAN

Practice Strategies – First Attempt

Describe the specific actions that you took to prepare for the quiz or test the first time that you took it.

Practice Strategies - Retake

Describe the specific actions that you took to make sure that you improve on the retake.

Make sure you read this entire form (front and back) with a parent or guardian.

Student signature:

Parent name:

Parent signature:



Retakes are available by appointment Thursdays after school and Fridays before school in room B1. You must communicate with me beforehand so I know which quiz your taking.

Quizzes take 20 minutes. Tests take up to 55 minutes.

Retake Scheduled for:

Date:	Time:	Room:
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