

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.

- The request to reassess must be received within two days of receiving the exam mark.
- 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: \_\_\_\_\_

Teacher Use Only	Date Received: _____	<input type="checkbox"/> Original Test	<input type="checkbox"/> Proof of Practice
Location of Retest: _____	Date of Retest: _____	Resulting Score: _____	