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**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Concept(s) to Retest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reflection:**

Previous Score \_\_\_\_\_\_\_\_\_\_\_\_\_

Why did you receive this score?

What was the hardest concept for you and why?

Three activities I did to improve my understanding of this concept?

1.

2.

3.

When would you like to retest? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You may retest before school, after school, or during ACS for up to 1 week after receiving your test. I must approve the date and time prior to retesting.*

**🞱 Attach proof of completion of three activities listed above.**

I request the opportunity to retest upon this concept. I have worked hard to improve my understanding upon this concept and taken the time to study.

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_