



Mounds View High School Reassessment Agreement

Name _____ Class & Period _____

Section 1 - To be completed by the student

| Assessments/Learning Targets to be Reassessed & Current Level of Understanding: | | Desired Level of Understanding | | | |
|---|-----------|--------------------------------|---|---|---|
| 1. _____ | 0 1 2 3 4 | 1 | 2 | 3 | 4 |
| 2. _____ | 0 1 2 3 4 | 1 | 2 | 3 | 4 |
| 3. _____ | 0 1 2 3 4 | 1 | 2 | 3 | 4 |

Section 2 - To be completed by the student with teacher input

Relearning Activities (include any required activities)

| Activity: | Evidence of Completion: |
|-----------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Section 3 - To be completed by the student and teacher together

Reassessment Information

Type of Reassessment: _____

Date: _____ Time: _____ Location: _____

Reassessment Guidelines:

- This form and all necessary activities must be completed **one day before** the scheduled reassessment.
- The score received on the reassessment will be entered into the gradebook. Completing a reassessment does not guarantee an increased score.

I have completed all the necessary activities and am now ready to be assessed.

Student Signature

Teacher Signature

Date