Name:	Date:
Re-Assessment Form  Because you did not do well on a test, you are being given the opportunity to retake the assessment. I would encourage you to take advantage of this opportunity.  The assessment you will retake is	
Digital Tutorial	
Additional Practice Pro	oblems
Met with teacher (extra	a help) or tutor (date)
Completed study guide	
Corrected original asse	essment
Other:	
Date of re-assessment:	
Student Signature	Teacher Signature
Parent Signature	