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

**Name and date of original Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Second Attempt for Summative Assessment***

 *Congratulations on your choice to make another attempt on a summative assessment.*

 *Before you do it is important that you plan so that you will be more successful on this*

 *next attempt and on future learning endeavors.*

First, within three days of receiving your score, you will need to have a **short (5 minute) meeting with your teacher** to discuss the following:

* **Have you completed the formative activities?** (If you have not practiced it will be difficult to

 perform on the test, quiz...)

* **Are you organized?** (Do you have the notes, bell work, classwork and homework organized so

 they can help you review and study?)

* **Did you study/review?** (Did you do everything you were supposed to but still fell short of your expectations?)

Based on this discussion, the teacher will assign an intervention (ie. complete missing assignments, organize notes / bell work in folder, complete a study guide, create a study tool such as flash cards, complete a Student Response of Test Results activity) designed to improve your success rate. The second attempt will be scheduled within the next week.

 **Approved study plan** *- (describe)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Teacher signature / date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Second Attempt Scheduled date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Students, by signing this you agree to prepare for the second attempt by completing the intervention listed above.

 **Student signature / date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent(s) or guardian(s) of the student please make sure that your child spends adequate time and energy preparing for the second attempt. Also please note that all second attempts will be taken after school on the date listed above.

 **Parent/Guardian signature / date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**