**RE-TEST REQUIREMENT FORM**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Period:\_\_\_\_\_\_\_ Unit Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retest Requirements (These must all be completed to receive credit)

1. Tutorial Session Date\_\_\_\_\_\_\_\_\_\_ Teacher Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Test Corrections:

1. \_\_\_\_\_\_ Write the question
2. \_\_\_\_\_\_ Write the correct answer
3. \_\_\_\_\_\_ Reason why (cannot be I don’t know)
4. \_\_\_\_\_\_ Page number or date in notes where found.
5. Teacher review of completed corrections

Teacher signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_Completion of mastery assessment form for this unit

4. Personal Inventory: (*circle one*)

1. DId you study adequately for this assessment? YES NO
2. DId I sleep enough in the days leading up to this test? YES NO
3. Did I fully participate in ALL class activities & labs? YES NO
4. Do I ask questions in class for better understanding? YES NO

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| --- | --- |
| **Test** | **Retest Date** |
| Scientific Method | February 12th |
| Astronomy | February 26th |
| Plate tectonics | March16th |
| Soil | March 26th |
| Water | April 23rd |
| Meteorology | May 21st |