

## XJH 7-9 Do-Over Learning Plan for a Summative Assessment

Dear Parent/Guardian:

This note is to let you know that your son/daughter \_\_\_\_\_ scored \_\_\_\_\_ on the \_\_\_\_\_ written on \_\_\_\_\_.

The do-over is being requested by:    \_\_\_ Student    \_\_\_ Parent/Guardian    \_\_\_ Teacher

In order for a student to be granted a do-over opportunity, the student must:

\_\_\_ Return the assessment and this sheet with parent/guardian signature

\_\_\_ submit answers to all questions answered incorrectly. The student will indicate any questions which they could not answer so that the teacher may offer help

\_\_\_ attend a review class(es) offered by the teacher/tutor.

   Date of session(s): \_\_\_\_\_

\_\_\_ Complete work as assigned by the teacher

If the student has satisfied the conditions above, a re-write time for tests and/or a submission time for the new assignment will be established.

Please sign below to indicate that you have received this memo.

Parent/Guardian Signature: \_\_\_\_\_

### Student Log

Please have tutor or teacher sign the table below.

	Teacher Review Session	Peer Tutoring	Parent/Guardian or Tutor	Other
<b>Date</b>				
<b>Signature</b>				