



VCCHS Rewrite/Redo Expectations

Name: _____ Course: _____ Current Date: _____

I am requesting, subject to teacher approval, the opportunity to rewrite/redo the following summative assessment and understand that I must return this form to my teacher within **TWO** school days of receiving my graded assessment.

Relearning Preparation Required (*What am I going to do to re-learn material*)

Before any reassessment, I will complete the following relearning activities by the given deadline:

Date	Relearning Activity	Evidence of Completion	Teacher Completion Comments

Rewrite/Redo Guidelines

- Rewrites/redo's will only be granted to students who complete all of the relearning activities by the dates listed above
- Rewrites/redo's must be completed at the date and time specified on this agreement
- The higher of the rewrite/redo or the original score will be taken
- Selected summative assessments may be rewritten/redone only once
- Teachers will determine the format that the rewrite/redo assessment will take

Student Declaration: I will complete all of the necessary relearning activities prior to any rewrite/redo.

Student Signature: _____ Review Date: _____

Parent Approval: I have read and understand the rewrite/redo guidelines and would like my child to rewrite/redo provided they have meet the above criteria.

Parent Signature: _____ Review Date: _____

To be completed by the teacher after the above requirements have been met:

Date & time of rewrite/redo: _____ Location: _____

Rewrite/Redo Method: _____

Teacher Approval: The student has completed all required relearning activities and is ready to rewrite.

Teacher Signature: _____ Date: _____