Application to Retake

You must submit this application at least one day prior to the retake date. NO EXCEPTIONS!

Name:	**Class:**	**Date:**
Unit:	**Learning Targets to Retake:**	
Did you attach corrections? ☐ Yes ☐ No		
Did you complete all unfinished assignments? ☐ Yes ☐ No		

Reflection Questions – ***Answer thoughtfully or your application may be denied.***

1. Which of the skills were most challenging in this unit?

2. How have you prepared for this retake?

3. What do you understand now that you didn't understand before?

4. What will you do in the future to better prepare for assessments?

5. Why do you feel confident your score will improve?