Rewrite/Redo Agreement

Name:	Class:	Today's Date:	
Assessment to be redone			
•		e to improve your understanding of before attem um or skills you will try to improve.	pting the
Preparation Information: Me	eet with your teacher to de	termine the tasks you will complete prior to your	
		ncepts and/or skills identified above.	
Feacher Approval: The stude	nt has completed the requi	ired relearning tasks and is ready to rewrite.	
Feacher Signature:		Date:	
Student Declaration: I have of date and time specified on the		relearning activities, and will complete my rewri	ite at the
Student Signature:		Date:	
Rewrite/Redo Information:			
Date of rewrite/Redo:			
Location: Rewrite/Redo Method:			
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