

PCSS REQUEST TO RESUBMIT / REASSESS

Student Information

Name	Date of Request

Subject / Class	Concept / Competency / Unit	Teacher Name

Reflection

Level of Achievement on initial submission

<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Yet Meeting Expectations	<input type="checkbox"/> Approaching Expectations	<input type="checkbox"/> Meeting Expectations
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What was the **reason** that this was the level you achieved on this assessment task?

Goal:

<input type="checkbox"/> Approaching Expectations	<input type="checkbox"/> Meeting Expectations	<input type="checkbox"/> Exceeding Expectations
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Strategies and Plan:

What specific action steps will I take to improve my results to meet my goal? (Select all that apply.)

- I will meet with my teacher at _____ a.m./p.m. on _____ (date) to review requirements.
- I will analyze the feed back provided by the instructor and revise / edit my work.
- I will review the text / course materials.
- I will re-perform / re-present
- Other tasks, student choice:
- I will review my notes.
- I will complete an alternate task
- Other tasks, teacher requirement:

Date of reassessment/resubmission (the absolute deadline): _____ (day) _____ (date) _____ (month) _____ (yr)

Statement of Intent / Request

I request the opportunity to resubmit / represent this assessment task in order to confirm my understanding of the concepts covered and/or the skills demonstrated. I have worked hard and have completed the agreed upon required steps to improve my understanding and communicate that improvement to my instructor.

Signatures:

Student

Parent

Teacher

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Please attach the new evidence of learning.