

Name: _____ Period: _____ Date: _____

SECOND CHANCE LEARNING

I can understand better!

Name of the Assessment: _____

Steps to improve and demonstrate a deeper understanding:

Required Verifiable Studying Show me all your Personal Reading Notes, Class Notes, and Practice covered by the assessment.

Learning Target: _____ Original Level New Level

How will you improve your understanding? How can I help you?

1. _____

2. _____

3. _____

4. _____

**Student may not reassess until required steps are completed.*

I plan to have the Second Chance Learning work completed by: _____

Student Signature: _____

Parent Signature: _____