

ACADEMIC CONTRACT TO RE DO



NAME _____ CLASS/HOUR _____

ASSIGNMENT _____ ORIGINAL GRADE _____

What concepts/learning objectives do you want to improve upon?

Plan of Action to demonstrate my effort to improve:

- Tutoring sessions with _____
- Additional practice assigned and reviewed by _____
- Rework missed items/ Recreate document or project
- Independent review of Notes and Materials
- Other: _____

Teacher Comments: _____

Date for Plan Completion: _____ Date for Retest: _____

Student Signature _____ Date _____

Teacher Signature _____ Date _____