

Test Re-Take Ticket

Clague Band/Orchestra

Name _____

Title of the assignment: _____

Date the assignment or test was given: _____

The score I earned: _____

The reason I did not do as well as I had hoped. (Be honest with yourself.)

Learning Activity Options

At least two of these learning activities must be submitted with your retake ticket

- Additional practice time on the test for at least 3 days in a row. (Signature and dates on a practice sheet required.)
- Record yourself. Play it back. Write a short reflection on what you discovered. (Parent signature required.)
- Meet with the teacher to receive tutoring.

1. Week of Monday _____ through Sunday _____

Specific Goals or Assignments	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total Practice Time

Parents:

My child performed for me and I judged them to be prepared. _____

Parent Signature

2. I recorded myself. Parent Signature: _____

Here is what I discovered:

3. I received help from my teacher on this date (MM/DD/YYYY) _____.

Suggestions for improvement were:

4. (Optional) What other strategies did you try?

