

## Second-Chance Learning Plan 1

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Class period: \_\_\_\_\_ Assignment: \_\_\_\_\_ Score: \_\_\_\_\_

### What I did to prepare for the original assessment/assignment:

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### Why I did not do as well as I wanted to on the assessment/assignment:

(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Did not study                                  | <input type="checkbox"/> Should have asked questions   |
| <input type="checkbox"/> Used my time poorly                            | <input type="checkbox"/> Did not follow instructions   |
| <input type="checkbox"/> Did not listen in class                        | <input type="checkbox"/> Didn't pay attention in class |
| <input type="checkbox"/> Did not complete my homework/class work        | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Wasn't prepared for class                      | _____  |
| <input type="checkbox"/> Should have taken notes/ or taken better notes | _____  |

### On this assignment, I did not understand the following concept(s):

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### Action Plan: How will I prepare for the re-learning?

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- |  |   |
|--|---|
| <input type="checkbox"/> Make flashcards/Online flashcards           | <input type="checkbox"/> Create a game and teach someone else                                   |
| <input type="checkbox"/> Discovery Ed videos                         | <input type="checkbox"/> Redo/review (do additional) homework assignments                       |
| <input type="checkbox"/> Outline notes                               | <input type="checkbox"/> Create crossword with vocabulary                                       |
| <input type="checkbox"/> Extra practice                              | <input type="checkbox"/> Study 10-15 minutes each night as opposed to cramming the night before |
| <input type="checkbox"/> Review/make corrections to first assessment | <input type="checkbox"/> Make an appointment to see teacher during flex, after school, etc...   |
| <input type="checkbox"/> Review online resources                     | <input type="checkbox"/> OTHER: _____   |
| <input type="checkbox"/> Peer tutoring                               | _____   |
| <input type="checkbox"/> Paper slide show                            | _____   |
| <input type="checkbox"/> Make a study guide                          |   |
| <input type="checkbox"/> Create concept map                          |   |
| <input type="checkbox"/> Web 2.0 tools/Edmodo, etc..                 |   |

Date of student/teacher conference to discuss second-chance learning: \_\_\_\_\_

(Over)

**The agreed upon second-chance assessment/assignment:**

\_\_\_\_\_

**Due Date of second-chance assessment/assignment:** \_\_\_\_\_

**To be successful on future assignments/assessments I will:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Reduce distractions
- Ask questions
- Review notes
- Take better notes
- Change my seat
- Use flex more effectively

- Utilize peer tutoring
- Put phone/electronics away
- Reduce distractions
- Use study strategies:

\_\_\_\_\_  
\_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_