

Algebra 2
Unit Test Reflection

Name _____

Date _____ Teacher _____

This reflection sheet is required to be signed by both the student and a parent/guardian. Once signed, the student will be permitted to take remedial action to improve their test score. The form of assessment for this improvement measure will be agreed upon between the student and teacher.

Unit ____ Test

My score on this test: _____

Circle the appropriate answer:

Yes No I am satisfied with my score.

Yes No I feel this score reflects my current knowledge of the material.

Yes No I would like to make an effort to improve this score.

Prior to this test:

Yes No I **completed homework** consistently with what is demonstrated in class.

Yes No I **asked questions in class** when I didn't understand.

Yes No I **asked question during Tutorials** when I didn't understand.

Yes No I came in for **extra help** either before school or after school.

Yes No I used **Flashcards and Videos on Class Site** to help me prepare for this test.

Yes No I did **3 Activities** to better my understanding of this content.

List:

- 1.
- 2.
- 3.

Student Signature: _____

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Best Phone Number: _____ Best Time to Call: _____

"Failure does not define us. We are defined by our response."

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