

# RETAKE FORM

Name \_\_\_\_\_

Date \_\_\_\_\_ Period \_\_\_\_\_

*My great concern is not whether you have failed, but whether you are content with your failure. - Abe Lincoln*

Name of the assignment you want to retake:

\_\_\_\_\_

What was your previous score on the assignment :

Have you done a retake for this assignment already? Y / N

What could you have done better on your last attempt at this assignment?

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

What did you do to better prepare yourself for this assignment?

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

Please staple your work to better prepare for this assignment to this sheet.

