|  |
| --- |
| **WSU NBPTS Retake Plan** |
| December 2015 |
|  |  |  |
| **Name:** |     |     2014-2015 candidate |
|  |  |     2013-2014 candidate |
|       | Yes, I plan to retake |
|  | ***Candidates are eligible for up to 8 hours of retake facilitation. Please plan carefully.*** |
|  |  |  |
|       | No, I do not plan to retake at this time |
|  |  |  |
| **If yes, please complete the form below** |
|  |  |  |
| **Current total score\*:** |       |  |
| \*including a copy of your score report is preferable but not required |  |  |
|  |       |  |
| Indicate which Entry and/or Assessment Center exercises:(Remember, you may contact me or your facilitator for guidance with your choices) |
|  |  |  |
|       | Entry 1 |  |
|  |  |  |
|       | Entry 2 |  |
|  |  |  |
|       | Entry 3 |  |
|  |  |  |
|       | Entry 4 |  |
|  |  |  |
|       | Assessment Exercise 1 |  |
|  |  |  |
|       | Assessment Exercise 2 |  |
|  |  |  |
|       | Assessment Exercise 3 |  |
|  |  |  |
|       | Assessment Exercise 4 |  |
|  |  |  |
|       | Assessment Exercise 5 |  |
|  |  |  |
|       | Assessment Exercise 6 |  |
|  |  |  |
| **For retake support, please indicate which you would prefer:** |
| All efforts will be made to honor your preference, but it might not be possible. |
|  |  |  |
|       | I would prefer to work with my original facilitator. |
|  |  |  |
|       | I would prefer to work with an NBCT in my certificate area. |
|  |  |  |
| Please return this form (along with your score report if you choose) to Debra Pastore via email at dpastore@wsu.edu or fax (509) 335-5046. Thank you. |