Appendix 6
FAST TRACK Math GRASP Packets

Student Record for Completion

School District or BOCES: _____

Student Name: _____

Packet was assigned: ____/____/____ ___ Electronically ___ Paper

Packet Name:

Density	___ **Part I**	___ **Part II**
Transformations: Shapes on a Plane	___ **Part I**	___ **Part II**
The Power of Exponents	___ **Part I**	___ **Part II**
Lines, Angles, & Shapes: Measuring Our World	___ **Part I**	___ **Part II**
Evaluate Algebraic Expressions & Solve Simple Equations	___ **Part I**	___ **Part II**
Linear Functions	___ **Part I**	___ **Part II**
Non-Linear Functions	___ **Part I**	___ **Part II**
Statistics & Probability	___ **Part I**	___ **Part II**

Date Packet was completed: ____/____/____

Student should list the dates and amount of time spent on the material in the packet:

Date	Time (hours) Worked	Date	Time (hours) Worked
___/__/__	_____Hours	___/__/__	_____Hours

Approximate Total time spent on the packet: ____ hours

STUDENT COMMENTS ON THIS PACKET:

Teacher Signature: _____ Date ____/____/____