

Appendix 6

FAST TRACK Math GRASP Packets

Student Record of Mastery of Packet Skills

School District or BOCES: _____

Student Name: _____

Packet was assigned: _____ ☐ Electronic ☐ Paper

Packet Name:

| | | |
|------------------------------------------------------------|---------------------------------|----------------------------------|
| Density | <input type="checkbox"/> Part I | <input type="checkbox"/> Part II |
| Rigid Transformations: Shapes on a Plane | <input type="checkbox"/> Part I | <input type="checkbox"/> Part II |
| Lines, Angles, & Shapes: Measuring Our World | <input type="checkbox"/> Part I | <input type="checkbox"/> Part II |
| The Power of Exponents | <input type="checkbox"/> Part I | <input type="checkbox"/> Part II |
| Tools of Algebra: Expressions, Equations, and Inequalities | <input type="checkbox"/> Part I | <input type="checkbox"/> Part II |
| Being Counted: Probability & Statistics | <input type="checkbox"/> Part I | <input type="checkbox"/> Part II |
| Tools of Algebra: Linear Functions | <input type="checkbox"/> Part I | <input type="checkbox"/> Part II |
| Tools of Algebra: Nonlinear Functions | <input type="checkbox"/> Part I | <input type="checkbox"/> Part II |

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

Teacher's note: A packet can be claimed once per student including previous fiscal years.

| | | | |
|------|---------------------|------|---------------------|
| Date | Time (hours) Worked | Date | Time (hours) Worked |
|------|---------------------|------|---------------------|

| | | | |
|-------|-------------|-------|-------------|
| _____ | _____ Hours | _____ | _____ Hours |
|-------|-------------|-------|-------------|

| | | | |
|------|---------------------|------|---------------------|
| Date | Time (hours) Worked | Date | Time (hours) Worked |
|------|---------------------|------|---------------------|

| | | | |
|-------|-------------|-------|-------------|
| _____ | _____ Hours | _____ | _____ Hours |
|-------|-------------|-------|-------------|

Approximate Total time spent on the packet: _____ hours

STUDENT COMMENTS/CONCERNS ON THIS PACKET:

Teacher Signature: _____ Date _____

*By signing this document, the teacher is confirming the student has mastered the skills in the packet noted on this document.
This means that students may not need to complete the entire packet of work.*