

Appendix 6
FAST TRACK Math GRASP Packets

This document is used to track Fast Track Math GRASP Packets for programs that are **EPE funded**. It should not be used for any other AEPP funding source.

School District or BOCES: _____

Student Name: _____

Packet	Part I or Part II	Electronic or Paper	Date Assigned	Date Completed
Number Lines and the Coordinate Grid	Part I <input type="checkbox"/>	Electronic <input type="checkbox"/>		
	Part II <input type="checkbox"/>	Paper <input type="checkbox"/>		
Proportional Reasoning	Part I <input type="checkbox"/>	Electronic <input type="checkbox"/>		
	Part II <input type="checkbox"/>	Paper <input type="checkbox"/>		
Being Counted: Probability & Statistics	Part I <input type="checkbox"/>	Electronic <input type="checkbox"/>		
	Part II <input type="checkbox"/>	Paper <input type="checkbox"/>		
Two-Dimensional Geometry	Part I <input type="checkbox"/>	Electronic <input type="checkbox"/>		
	Part II <input type="checkbox"/>	Paper <input type="checkbox"/>		
Three-Dimensional Geometry	Part I <input type="checkbox"/>	Electronic <input type="checkbox"/>		
	Part II <input type="checkbox"/>	Paper <input type="checkbox"/>		
Tools of Algebra: Expressions, Equations, and Inequalities	Part I <input type="checkbox"/>	Electronic <input type="checkbox"/>		
	Part II <input type="checkbox"/>	Paper <input type="checkbox"/>		
The Power of Exponents	Part I <input type="checkbox"/>	Electronic <input type="checkbox"/>		
	Part II <input type="checkbox"/>	Paper <input type="checkbox"/>		
Tools of Algebra: Linear Functions	Part I <input type="checkbox"/>	Electronic <input type="checkbox"/>		
	Part II <input type="checkbox"/>	Paper <input type="checkbox"/>		
Tools of Algebra: Non-Linear Functions	Part I <input type="checkbox"/>	Electronic <input type="checkbox"/>		
	Part II <input type="checkbox"/>	Paper <input type="checkbox"/>		

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Student should list the dates and amount of time spent on the material in the packet.
One Appendix 6 must be completed for each packet assigned and completed:

Date	Time (hours) Worked	Date	Time (hours) Worked
_____	_____ Hours	_____	_____ Hours
_____	_____ Hours	_____	_____ Hours

Approximate Total time spent on the packet: _____ Hours

STUDENT COMMENTS ON THIS PACKET:

Teacher Signature: _____ Date _____