

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	<input type="checkbox"/> Part I	<input type="checkbox"/> Part II
Transformations: Shapes on a Plane	<input type="checkbox"/> Part I	<input type="checkbox"/> Part II
The Power of Exponents	<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
Evaluate Algebraic Expressions & Solve Simple Equations	<input type="checkbox"/> Part I	<input type="checkbox"/> Part II
Linear Functions	<input type="checkbox"/> Part I	<input type="checkbox"/> Part II
Non-Linear Functions	<input type="checkbox"/> Part I	<input type="checkbox"/> Part II
Statistics & Probability	<input type="checkbox"/> Part I	<input type="checkbox"/> 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 _____