

Name _____

Have you...

Tip	Status
1. <i>Participated</i> at least once in a class period? (Answering an easy question keeps you involved)	<input type="checkbox"/>
2. Asked the teacher to <i>do another example</i> , before moving ahead? (Don't be shy; you're not the only one who needs reinforcement)	<input type="checkbox"/>
3. Asked to <i>work at the board</i> during independent practice? (The teacher can offer immediate assistance & feedback)	<input type="checkbox"/>
4. Asked to <i>move your seat</i> away from talkative friends?	<input type="checkbox"/>
5. <i>Redone</i> the examples in your notebook before a test? (Reading your notes is not as effective as <i>doing</i> math)	<input type="checkbox"/>
6. Been doing the <i>homework</i> consistently? (Math needs practice & reinforcement)	<input type="checkbox"/>
7. Tried <i>phoning a classmate</i> when stuck on a HW problem?	<input type="checkbox"/>
8. Gotten help at the "Math Lab" at school? (Help can come from a different Math teacher)	<input type="checkbox"/>
9. Requested extra help after school or during a free period?	<input type="checkbox"/>
10. Requested a peer tutor? (eg: NHS student)	<input type="checkbox"/>