

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 _____