

# RECORDING FORM

# B

## Lesson Worksheet

Show all necessary work. Please be neat.

Name \_\_\_\_\_

Date \_\_\_\_\_

Lesson \_\_\_\_\_

### Warm-Up

- Facts Practice
- Mental Math
- Problem Solving

### Review

- Homework Check
- Error Correction

### Instruction

- Lesson
- Lesson Practice
- Mixed Practice

### Facts Practice

Test:	Time:	Score:
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### Mental Math

a.	b.	c.	d.	e.	f.
g.	h.	i.	j.	k.	l.

### Problem Solving

<p>Strategies: (Check any you use.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Make a chart, graph or list.</li> <li><input type="checkbox"/> Guess and check (trial and error).</li> <li><input type="checkbox"/> Use logical reasoning.</li> <li><input type="checkbox"/> Act it out.</li> <li><input type="checkbox"/> Make it simpler.</li> <li><input type="checkbox"/> Work backward.</li> </ul>	
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### Lesson Practice

a.	b.	c.
d.	e.	f.
g.	h.	i.
j.	k.	l.