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| --- | --- |
| Subject  Lesson | Name  Date |
| Initial Question(s): Source, Page # & Problem # | |
| Key Vocab | |
| What I know about my question  1.  2. | |
| Critical Thinking | Identify General Process & Steps |

**Additional Workspace**

**Reflection**

What learning experience did I gain from this tutorial?

Math Center Teacher Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra Points\_\_\_\_\_\_\_\_\_ Teacher Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_