|  |  |
| --- | --- |
| SubjectLesson | NameDate  |
| Initial Question(s): Source, Page # & Problem #   |
| Key Vocab |
| What I know about my question1.2. |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_