



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
_____ Minutes	_____ Minutes	_____ Minutes	_____ Minutes	_____ Minutes
_____ # of Puzzles	_____ # of Puzzles	_____ # of Puzzles	_____ # of Puzzles	_____ # of Puzzles
_____ Sign-ins	_____ Sign-ins	_____ Sign-ins	_____ Sign-ins	_____ Sign-ins

**What game/level did you find challenging?**

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**Quiz Scores (if applicable)**

Pre	Post
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**List three math situations you had to solve. What worked? What did not work?**

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**Describe a new concept you learned in one of the completed levels.**

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**How does this connect to what you are doing in math class?**

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