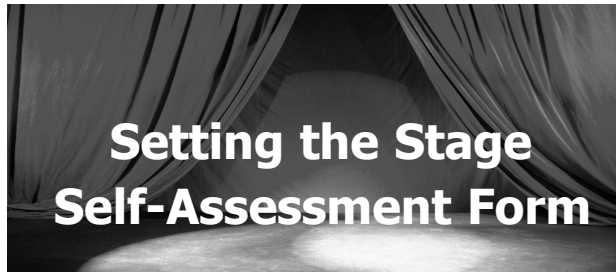


POD Assessment Form

Week Beginning on _____ Period _____

POD #	Students Who Shared	Students Who Struggled with Topic	Topics of Struggle



Student Name: _____

Unit: _____

Period: _____

Please rank each item in the table below by choosing the best classification.

- 0 — Don't agree
- 1 — Slightly agree
- 2 — Agree
- 3 — Strongly agree

Setting the Stage Lesson	I understood the concept	I completed the activity	I presented to the class	I helped someone else
Lesson 1				
Lesson 2				
Lesson 3				
Lesson 4				
Lesson 5				
Lesson 6				
Lesson 7				
Lesson 8				
Lesson 9				
Lesson 10				
Lesson 11				
Lesson 12				



Algebra Connections

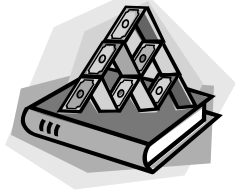
Self-Assessment Form

Name: _____ Unit: _____ Period: _____

For each Algebra Connection describe the main mathematical topic and one area in which it can be used. Also, score your success.

- 0** — No success
- 1** — Completed some of the assigned problems correctly
- 2** — Completed all the assigned problems correctly

Lesson	Math Topic	Area of Use	Success
Lesson 1			
Lesson 2			
Lesson 3			
Lesson 4			
Lesson 5			
Lesson 6			
Lesson 7			
Lesson 8			
Lesson 9			
Lesson 10			
Lesson 11			
Lesson 12			



Rubric for Team Work and Group Presentation

Team Name: _____ Date: _____

Teacher: _____

Title of Work: _____

Skills	Criteria				Points
	0	1	2	3	
Assisting					
Observed students helping each other.	<i>None of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>	_____
Listening					
Observed students working from each other's ideas.	<i>None of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>	_____
Participating					
Observed each student contributing.	<i>None of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>	_____
Persuading					
Observed students exchanging, defending, and rethinking ideas.	<i>None of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>	_____
Questioning					
Observed students posing questions to members of the team.	<i>None of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>	_____
Respecting					
Observed students encouraging and supporting the ideas and efforts of others.	<i>None of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>	_____
Sharing					
Observed students sharing ideas and reporting to each other.	<i>None of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>	_____
Total Points					_____

Teacher Comments:

Student/Teacher Conference

Teacher Directions

Suggested Time: 10 minutes

Tell students that you will ask them questions about mathematics skills and conceptual understanding. Explain to students how important it is for them to respond honestly because the objective of the Geometry Foundations course is to improve their mathematical skills and conceptual understanding. Before beginning to question students, share information about mathematics and how it includes reading, symbolizing, listening, communicating, and conceptualizing. Finally, tell students that you would like to assist them in their academic achievement in the Geometry Foundations Class. Dictate and record summary statements. Students may also complete the questions independently and then you may ask them to discuss their answers with you.

Student's Name: _____

Conference Date: _____

Questions and Comments

1. Do you enjoy mathematics class? Why or why not?

2. Do you enjoy mathematics skill problems? Why or why not?

3. Do you enjoy mathematics word problems? Why or why not?

4. Describe an area outside of school that you use mathematics.

- 11.** Base on your responses to these questions, what are your goals for academic achievement while taking the Geometry Foundations course?

Teacher's Comments

Learning Station Self-Assessment				
Name:	Class:	Period:	Team:	Week of:

Activity	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the box for the center you attend and describe what you did with the activity in the space provided.					

Adapted from Troy Paterson's Self-Scheduling Chart (2004)