

## Assessment Readiness Log

Your Name: \_\_\_\_\_

Focus Area Title: \_\_\_\_\_

Course: \_\_\_\_\_

Attempt	Evidence of Learning	Approval	Score
<b>#1</b>	Check off evidence of learning provided for this test: <input type="checkbox"/> Notes on Key Terms <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Flashcards <input type="checkbox"/> IXL Score on _____ <input type="checkbox"/> Practice problems/worksheet <input type="checkbox"/> Study Guide / Graphic Organizer <input type="checkbox"/> Study Group <input type="checkbox"/> Workshop on _____ <input type="checkbox"/> Other: _____	Teacher initial and date here if you approve the student is ready to take the content assessment: <input type="checkbox"/> SDL Teacher <input type="checkbox"/> Content Teacher <input type="checkbox"/> EWS  Initials: _____  Date: _____	_____ /10
<b>#2</b>	Check off evidence of learning provided for this test: <input type="checkbox"/> Notes on Key Terms <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Flashcards <input type="checkbox"/> IXL Score on _____ <input type="checkbox"/> Practice problems/worksheet <input type="checkbox"/> Study Guide / Graphic Organizer <input type="checkbox"/> Study Group <input type="checkbox"/> Workshop on _____ <input type="checkbox"/> Other: _____	Teacher initial and date here if you approve the student is ready to take the content assessment: <input type="checkbox"/> SDL Teacher <input type="checkbox"/> Content Teacher <input type="checkbox"/> EWS Initials: _____  Date: _____	_____ /10
<b>#3</b>	<input type="checkbox"/> Notes on Key Terms <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Flashcards <input type="checkbox"/> IXL Score on _____ <input type="checkbox"/> Practice problems/worksheet <input type="checkbox"/> Study Guide / Graphic Organizer <input type="checkbox"/> Study Group <input type="checkbox"/> Workshop on _____ <input type="checkbox"/> Other: _____	Teacher initial and date here if you approve the student is ready to take the content assessment: <input type="checkbox"/> Content Teacher ONLY  Initials: _____  Date: _____	_____ /10
<b>#4</b>	<input type="checkbox"/> Notes on Key Terms <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Flashcards <input type="checkbox"/> IXL Score on _____ <input type="checkbox"/> Practice problems/worksheet <input type="checkbox"/> Study Guide / Graphic Organizer <input type="checkbox"/> Study Group <input type="checkbox"/> Workshop on _____ <input type="checkbox"/> Other: _____	Teacher initial and date here if you approve the student is ready to take the content assessment: <input type="checkbox"/> Content Teacher ONLY  Initials: _____  Date: _____	_____ /10
<b>#5</b>	<input type="checkbox"/> Notes on Key Terms <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Notes on Objective # _____ <input type="checkbox"/> Flashcards <input type="checkbox"/> IXL Score on _____ <input type="checkbox"/> Practice problems/worksheet <input type="checkbox"/> Study Guide / Graphic Organizer <input type="checkbox"/> Study Group <input type="checkbox"/> Workshop on _____ <input type="checkbox"/> Other: _____	Teacher initial and date here if you approve the student is ready to take the content assessment: <input type="checkbox"/> Content Teacher ONLY  Initials: _____  Date: _____	_____ /10