

Name \_\_\_\_\_



# MULTIPLICATION/DIVISION FACTS LOG

Your task is to **diligently** practice your multiplication/division facts with a parent or other responsible adult, for a minimum of **three continuous minutes five nights** a week. You and your parent need to check off each practice session. (The five nights may be ANY five nights, and you may certainly practice more than three minutes if you wish to do so.) This completed log is due in class on the following Monday. [Kids, once you know the facts, that's the time you need to practice the most. Why have to learn them again?]

Day of the Week	Number of Minutes (3 minute minimum)	Student Signature	Parent Check-off & Signature/Initial
<input type="checkbox"/> Monday	I practiced for a total of _____ minutes.		<input type="checkbox"/> <b>YES</b> , my child DID practice the multiplication/division facts for at least 3 minutes. <input type="checkbox"/> <b>NO</b> , my child DID NOT practice the multiplication/division facts for at least 3 minutes.
<input type="checkbox"/> Tuesday	I practiced for a total of _____ minutes.		<input type="checkbox"/> <b>YES</b> , my child DID practice the multiplication/division facts for at least 3 minutes. <input type="checkbox"/> <b>NO</b> , my child DID NOT practice the multiplication/division facts for at least 3 minutes.
<input type="checkbox"/> Wednesday	I practiced for a total of _____ minutes.		<input type="checkbox"/> <b>YES</b> , my child DID practice the multiplication/division facts for at least 3 minutes. <input type="checkbox"/> <b>NO</b> , my child DID NOT practice the multiplication/division facts for at least 3 minutes.
<input type="checkbox"/> Thursday	I practiced for a total of _____ minutes.		<input type="checkbox"/> <b>YES</b> , my child DID practice the multiplication/division facts for at least 3 minutes. <input type="checkbox"/> <b>NO</b> , my child DID NOT practice the multiplication/division facts for at least 3 minutes.
<input type="checkbox"/> Friday	I practiced for a total of _____ minutes.		<input type="checkbox"/> <b>YES</b> , my child DID practice the multiplication/division facts for at least 3 minutes. <input type="checkbox"/> <b>NO</b> , my child DID NOT practice the multiplication/division facts for at least 3 minutes.
<input type="checkbox"/> Saturday	I practiced for a total of _____ minutes.		<input type="checkbox"/> <b>YES</b> , my child DID practice the multiplication/division facts for at least 3 minutes. <input type="checkbox"/> <b>NO</b> , my child DID NOT practice the multiplication facts for at least 3 minutes.
<input type="checkbox"/> Sunday	I practiced for a total of _____ minutes.		<input type="checkbox"/> <b>YES</b> , my child DID practice the multiplication/division facts for at least 3 minutes. <input type="checkbox"/> <b>NO</b> , my child DID NOT practice the multiplication/division facts for at least 3 minutes.