

Multiplication Fact Log

Name:

Month: June/July

Directions: Fill out the log when you have practiced your math facts. Please try to practice the facts **twice a week**. Place a check mark (✓) for each time that you practiced some facts. Your teacher will collect the log at the beginning of the year.

Parent Signature _____ (at end of month)

Date Practiced	Flash Cards ✓	Internet Site ✓	Other (Specify) ✓

Division Fact Log

Name:

Month: June/July

Directions: Fill out the log when you have practiced your math facts. Please try to practice the facts **twice a week**. Place a check mark (✓) for each time that you practiced some facts. Your teacher will collect the log at the beginning of the year.

Parent Signature _____ (at end of month)

Date Practiced	Flash Cards ✓	Internet Site ✓	Other (Specify) ✓