Student Name: Date started:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| TIME: What equipment was used? |  |  |  |  |  |
| Did you see a positive effect?Willing to use strategy?Additional Comments: | Yes/ noYes/no | Yes/ noYes/ no | Yes/ noYes/ no | Yes/ noYes/ no | Yes/ noYes/ no |
| TIME: What strategy was used? |  |  |  |  |  |
| Did you see a positive effect?Willing to use strategy?Additional Comments: | Yes/ noYes/no | Yes/ noYes/ no | Yes/ noYes/ no | Yes/ noYes/ no | Yes/ noYes/ no |
| TIME: What strategy was used? |  |  |  |  |  |
| Did you see a positive effect?Willing to use strategy?Additional Comments: | Yes/ noYes/no | Yes/ noYes/ no | Yes/ noYes/ no | Yes/ noYes/ no | Yes/ noYes/ no |