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/ no  Yes/no | Yes/ no  Yes/ no | Yes/ no  Yes/ no | Yes/ no  Yes/ no | Yes/ no  Yes/ no |
| TIME:  What strategy was used? |  |  |  |  |  |
| Did you see a positive effect?  Willing to use strategy?  Additional Comments: | Yes/ no  Yes/no | Yes/ no  Yes/ no | Yes/ no  Yes/ no | Yes/ no  Yes/ no | Yes/ no  Yes/ no |
| TIME:  What strategy was used? |  |  |  |  |  |
| Did you see a positive effect?  Willing to use strategy?  Additional Comments: | Yes/ no  Yes/no | Yes/ no  Yes/ no | Yes/ no  Yes/ no | Yes/ no  Yes/ no | Yes/ no  Yes/ no |