

Math Self-Correction Checklist

Student Name: _____ Date: _____

Classroom: _____

Directions: To the Student: BEFORE YOU START: Look at each of these goals for careful math work before beginning your assignment.
 AFTER EACH PROBLEM: Stop and rate YES or NO whether you performed each goal correctly.

| | Problem# | Problem# | Problem# | Problem# | Problem# |
|--|----------|----------|----------|----------|----------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | _Y_N | _Y_N | _Y_N | _Y_N | _Y_N |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | _Y_N | _Y_N | _Y_N | _Y_N | _Y_N |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | _Y_N | _Y_N | _Y_N | _Y_N | _Y_N |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | _Y_N | _Y_N | _Y_N | _Y_N | _Y_N |