



# Practice Chart



## Parents:

- 1) Choose a day and time for children to show-they-know. It takes about a minute. Write it in the *Show Time box* below.\*
- 2) Option. Add a celebration. This could be a prize, staying up late, more screen time, a favorite dessert, etc. Write it the box below.\*\*
- 3) Post the chart on your fridge.
- 4) When children practice, they check the box by the date. Add a 😊 or comment.
- 5) Watch children show-they-know. Hints are optional. Children can say the question, a hint and answer, or just the question and answer.
- 6) Post a pic or video. Share with family. Enter a contest. Get details and print free instructional flashcards at ShowYouKnow.org.

## Children:

- 1) Read the instructions that come with the flashcards.
- 2) Choose eight facts, or use the ones your teacher assigned. Write them on the chart under Facts.\*\*\* If you learn these eight, before the week is over, choose a few more facts to practice and learn.
- 3) Record your practice goal on the chart below.\*\*\*\*
- 4) Practice for five minutes each day. Check the box on your practice chart.
- 5) At the end of the week, show-you-know.
- 6) Choose new facts to practice for next week.



Practice five minutes a day, and you will make progress. You will also get better at focusing. Focus is the key to getting good in math, in sports, at performing, in school, and in life.

## \* Show Time:

## \*\* Celebration for reaching Practice Goal:

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## Practice Chart

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*** Facts	Monday	<input type="checkbox"/>
	Tuesday	<input type="checkbox"/>
	Wednesday	<input type="checkbox"/>
	Thursday	<input type="checkbox"/>
	Friday	<input type="checkbox"/>
	Saturday	<input type="checkbox"/>
	Sunday	<input type="checkbox"/>

### \*\*\*\* My Practice Goal

Practice for \_\_\_\_\_ days, for \_\_\_\_\_ minutes each day.

## Show-You-Know Evaluation

Student used hints:

All  Some  None

Student answered without counting or hesitating:

All  Some  None

Student placed cards in correct and incorrect piles:

All  Some  None

Witnessed by:

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Print instructional flashcards and learn about contests at ShowYouKnow.org

\* Show Time:

## Practice Chart

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facts	Monday	<input type="checkbox"/>
	Tuesday	<input type="checkbox"/>
	Wednesday	<input type="checkbox"/>
	Thursday	<input type="checkbox"/>
	Friday	<input type="checkbox"/>
	Saturday	<input type="checkbox"/>
	Sunday	<input type="checkbox"/>

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\_\_\_\_\_ minutes each day.

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## Practice Chart

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Facts	Monday	<input type="checkbox"/>
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## Show-You-Know Evaluation

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Witnessed by:

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