

Grades 3–5 Mathematics

Name: _____ Class Period/Grade: _____

Date of Administration: _____ Date of Next Administration: _____

Before reviewing results: (Complete this section as soon as possible after completing the CDT.)

1. The Mathematics CDT you just took included four diagnostic categories. For each of the diagnostic categories, think about how you did.
 - Which types of questions did you feel most prepared to answer in each diagnostic category?
 - Were there topics that you did not know well or were not familiar with?
 - In the spaces on the next page, describe both your strengths and your areas that may need improvement for each diagnostic category. You may want to use your Skills Pamphlet for Mathematics to help you pinpoint your strengths and/or areas of need.

Diagnostic Category	My Strengths	My Areas that Need Improvement
Numbers and Operations		
Algebraic Concepts		
Geometry		
Measurement, Data, and Probability		

Look at the results in your Individual Map to complete the section below.

2. Reviewing Results: (Place an X in each row to show the location of each of your scores (overall and each diagnostic category). Then answer the questions below.)

Score	Red	Green	Blue
Overall Score			
Numbers and Operations			
Algebraic Concepts			
Geometry			
Measurement, Data, and Probability			

Did you expect your overall score to be higher or lower? Are your results consistent with your learning so far in this subject? Remember, if this is the beginning of the school year, it is okay for you to be in the Red range right now.

Which diagnostic category has the highest score? _____

Which diagnostic category has the lowest score? _____

3. **Setting Goals:** (Use the space below to set one or more goals for your learning before the next administration of the CDT. For each goal, consider a specific diagnostic category, and think about what you and your teacher can do to help you reach your goal. You may want to use your Skills Pamphlet for Mathematics to help you set your goals.)

Goal 1:

Which diagnostic category would you like to work on improving before the next time you take the CDT?

What will you do to improve in that category? _____

What additional help do you need to meet your goal? _____

Goal 2:

Which diagnostic category would you like to work on improving before the next time you take the CDT?

What will you do to improve in that category? _____

What additional help do you need to meet your goal? _____

Goal 3:

Which diagnostic category would you like to work on improving before the next time you take the CDT?

What will you do to improve in that category? _____

What additional help do you need to meet your goal? _____
