

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

# Learning Center MENU

## APPETIZERS

Your teacher may ask you to choose three items from this selection OR he or she will assign the following items from this selection.

Item	Check those to be completed	Date completed
#1	<input type="checkbox"/>	_____
#2	<input type="checkbox"/>	_____
#3	<input type="checkbox"/>	_____
#4	<input type="checkbox"/>	_____
#5	<input type="checkbox"/>	_____
#6	<input type="checkbox"/>	_____

## ENTREES

Your teacher may ask you to choose three items from this selection OR he or she will assign the following items from this selection.

Item	Check those to be completed	Date completed
#1	<input type="checkbox"/>	_____
#2	<input type="checkbox"/>	_____
#3	<input type="checkbox"/>	_____
#4	<input type="checkbox"/>	_____
#5	<input type="checkbox"/>	_____
#6	<input type="checkbox"/>	_____

## DESSERTS

Your teacher may ask you to choose three items from this selection OR he or she will assign the following items from this selection.

Item	Check those to be completed	Date completed
#1	<input type="checkbox"/>	_____
#2	<input type="checkbox"/>	_____
#3	<input type="checkbox"/>	_____
#4	<input type="checkbox"/>	_____
#5	<input type="checkbox"/>	_____
#6	<input type="checkbox"/>	_____

## JUST FOR TWO

Choose a partner and do ONE of the partner activities.  
Partner's Name: \_\_\_\_\_

Item	Check those to be completed	Date completed
#1	<input type="checkbox"/>	_____
#2	<input type="checkbox"/>	_____
#3	<input type="checkbox"/>	_____
#4	<input type="checkbox"/>	_____
#5	<input type="checkbox"/>	_____
#6	<input type="checkbox"/>	_____
#7	<input type="checkbox"/>	_____
#8	<input type="checkbox"/>	_____
#9	<input type="checkbox"/>	_____
#10	<input type="checkbox"/>	_____

## SPECIALITY ITEMS

Choose THREE long term activity from this section. Choose an activity that matches your preferred learning profile.

Item	Check those to be completed	Date completed
<b>Visual-Spatial</b>		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input type="checkbox"/>	_____
6 <input type="checkbox"/>	7 <input type="checkbox"/>	_____
8 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
<b>Logical-Mathematical</b>		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input type="checkbox"/>	_____
6 <input type="checkbox"/>	7 <input type="checkbox"/>	_____
8 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
<b>Verbal-Linguistic</b>		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input type="checkbox"/>	_____
6 <input type="checkbox"/>	7 <input type="checkbox"/>	_____
8 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
<b>Bodily-Kinesthetic</b>		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input type="checkbox"/>	_____
6 <input type="checkbox"/>	7 <input type="checkbox"/>	_____
8 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
<b>Musical</b>		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input type="checkbox"/>	_____
6 <input type="checkbox"/>	7 <input type="checkbox"/>	_____
8 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
<b>Naturalist</b>		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input type="checkbox"/>	_____
6 <input type="checkbox"/>	7 <input type="checkbox"/>	_____
8 <input type="checkbox"/>	9 <input type="checkbox"/>	_____

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

# Science Learning Center MENU

## APPETIZERS

Your teacher may ask you to choose three items from this selection OR he or she will assign the following items from this selection.

Item	Check those to be completed	Date completed
#1	<input type="checkbox"/>	_____
#2	<input type="checkbox"/>	_____
#3	<input type="checkbox"/>	_____
#4	<input type="checkbox"/>	_____
#5	<input type="checkbox"/>	_____
#6	<input type="checkbox"/>	_____

## DESSERTS

Your teacher may ask you to choose three items from this selection OR he or she will assign the following items from this selection.

Item	Check those to be completed	Date completed
#1	<input type="checkbox"/>	_____
#2	<input type="checkbox"/>	_____
#3	<input type="checkbox"/>	_____
#4	<input type="checkbox"/>	_____
#5	<input type="checkbox"/>	_____
#6	<input type="checkbox"/>	_____

## SPECIALITY ITEMS

Choose THREE long term activity from this section. Choose an activity that matches your preferred type of science..

Item	Check those to be completed	Date completed
<b>Life Science</b>		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input type="checkbox"/>	_____
6 <input type="checkbox"/>	7 <input type="checkbox"/>	_____
8 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
<b>Physical Science</b>		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input type="checkbox"/>	_____
6 <input type="checkbox"/>	7 <input type="checkbox"/>	_____
8 <input type="checkbox"/>	9 <input type="checkbox"/>	_____

## JUST FOR TWO

Choose a partner and do FOUR of the partner activities.

Item	Check those to be completed	Date completed
#1	<input type="checkbox"/>	_____
#2	<input type="checkbox"/>	_____
#3	<input type="checkbox"/>	_____
#4	<input type="checkbox"/>	_____
#5	<input type="checkbox"/>	_____
#6	<input type="checkbox"/>	_____
#7	<input type="checkbox"/>	_____
#8	<input type="checkbox"/>	_____
#9	<input type="checkbox"/>	_____
#10	<input type="checkbox"/>	_____

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

# Graphing Learning Center MENU

## JUST FOR TWO

Choose a partner and do FOUR of the partner activities.

Item	Check those to be completed	Date completed
#1	<input type="checkbox"/>	_____
#2	<input type="checkbox"/>	_____
#3	<input type="checkbox"/>	_____
#4	<input type="checkbox"/>	_____
#5	<input type="checkbox"/>	_____

## SPECIALITY ITEMS

Choose THREE long term activity from this section. Choose an activity that matches your preferred type of science..

Item	Check those to be completed	Date completed			
<b>Tables, Charts, Graphs</b>					
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	_____
6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>		_____
					_____

