

# DreamBox Math Challenge Progress



**Student Name:**

**Month:**

	How many lessons did you complete?	How many minutes did you work in DreamBox?	Did you complete 5 lessons this week?	How do you feel? (Great, Excited, Frustrated, Nervous, Proud)
Week 1			<input type="checkbox"/> Yes! <input type="checkbox"/> No, but I'll try again next week.	
Week 2			<input type="checkbox"/> Yes! <input type="checkbox"/> No, but I'll try again next week.	
Week 3			<input type="checkbox"/> Yes! <input type="checkbox"/> No, but I'll try again next week.	
Week 4			<input type="checkbox"/> Yes! <input type="checkbox"/> No, but I'll try again next week.	

**As you work, remember:**

- Don't be afraid to make mistakes.
- Complete 5+ lessons every week.
- Finish every lesson you start.
- Have fun!