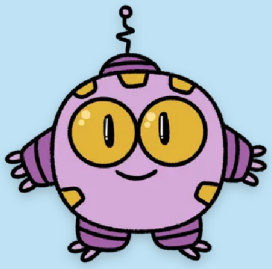
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My Fingerspelling Practice Log

Practice a little every day. Write what you spelled and check the box each day.

Name: _____ **Date:** _____



A few minutes every day helps more than one long practice. Try spelling the alphabet, your name and three new words.

My practice

Day	Minutes	What I spelled	Done
Day 1			☐
Day 2			☐
Day 3			☐
Day 4			☐
Day 5			☐
Day 6			☐
Day 7			☐
Day 8			☐
Day 9			☐
Day 10			☐

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Check My Handshapes

Look in a mirror or ask a partner. Check off each letter you can make clearly.

Name: _____ **Date:** _____



Make each letter. Check the first box if you can make it. Check the second box if a partner can read it.

Letter	Hand	I can	Partner
A		☐	☐
B		☐	☐
C		☐	☐
D		☐	☐
E		☐	☐
F		☐	☐
G		☐	☐
H		☐	☐
I		☐	☐
J		☐	☐
K		☐	☐
L		☐	☐
M		☐	☐

Letter	Hand	I can	Partner
N		☐	☐
O		☐	☐
P		☐	☐
Q		☐	☐
R		☐	☐
S		☐	☐
T		☐	☐
U		☐	☐
V		☐	☐
W		☐	☐
X		☐	☐
Y		☐	☐
Z		☐	☐

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My ASL Goals

Think about what you know and what you want to learn next. Set three ASL goals.

Name: _____ **Date:** _____



What I know now

Letters I know well: _____

Letters I am still learning: _____

Words I can fingerspell smoothly: _____

Something about Deaf culture I learned: _____

My three ASL goals

Goal 1: _____

I will practice by: _____

Goal 2: _____

I will practice by: _____

Goal 3: _____

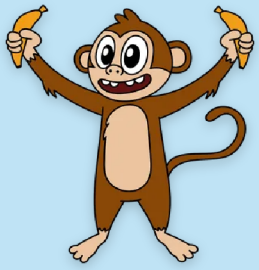
I will practice by: _____

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Teach a Friend

Teach a friend or family member some ASL letters, then write and draw about it.



Name: _____ **Date:** _____

About my lesson

The person I taught: _____

Letters I taught: _____

The hardest one for them was: _____

They learned best when I: _____

Draw you and your friend practicing ASL.

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ASL Alphabet Certificate

A certificate for a student who can fingerspell the whole ASL alphabet.

Name: _____ **Date:** _____

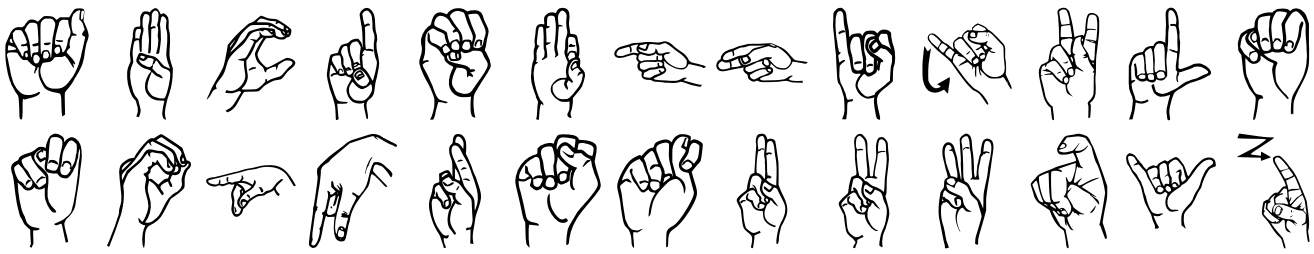


Certificate of Achievement

This certificate is presented to

_____

for fingerspelling the whole ASL alphabet from A to Z!



_____ _____

Teacher **Date**

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