

## Times Tables Score Record

Name.....

Date	Time taken	Score

Fastest time	
Target time for next week	
Best score	
Score to beat	
Times table to practise	

Signed .....parent/guardian

Please do not spend more than 10 minutes per day on the Challenge.

I would like them returning on Friday morning please.

PARENTS

Please could you check the grids and fill in the target sheets. Thank you

# Ten Minute Challenge

X	10	6	3	8	4	12	20	100	5	9
12										
10										
6										
5										
7										
9										
11										
8										
2										
4										

Time Taken .....Mins .....seconds

Name ..... Class .....

Date..... Signed/witnessed by .....