

## Classroom Diagnostic Tools Student Data Analysis

### Geometry

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 Geometry 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 below, describe both your strengths and your areas that may need improvement for each diagnostic category based on your thoughts about the effort and time you spent to answer questions and how confident you were that your answers were correct.

Diagnostic Category	My Strengths and Areas that Need Improvement
Geometric Properties	
Congruence, Similarity, & Proofs	
Coordinate Geometry & Right Triangles	
Measurement	

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			
Geometric Properties			
Congruence, Similarity, & Proofs			
Coordinate Geometry & Right Triangles			
Measurement			

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

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Which diagnostic category has the highest score? \_\_\_\_\_

Which diagnostic category has the lowest score? \_\_\_\_\_

Do you have any diagnostic categories of concern? Why are you concerned about these categories?

What evidence other than your CDT score do you have that this is an area of concern for you?

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Do you have any diagnostic categories of strength? Why do you feel these are areas of strength? What evidence other than your CDT score do you have that this is an area of strength for you?

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3. **Setting Goals:** (Use the space below to set one or more goals for your learning prior to 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.)

*Goal 1:*

Which diagnostic category would you like to work on improving prior to the next administration of the CDT? \_\_\_\_\_

What will you do to improve in that category? \_\_\_\_\_

\_\_\_\_\_

What support do you need from your teacher to help you improve? \_\_\_\_\_

\_\_\_\_\_

*Goal 2:*

Which diagnostic category would you like to work on improving prior to the next administration of the CDT? \_\_\_\_\_

What will you do to improve in that category? \_\_\_\_\_

\_\_\_\_\_

What support do you need from your teacher to help you improve? \_\_\_\_\_

\_\_\_\_\_

*Goal 3:*

Which diagnostic category would you like to work on improving prior to the next administration of the CDT? \_\_\_\_\_

What will you do to improve in that category? \_\_\_\_\_

\_\_\_\_\_

What support do you need from your teacher to help you improve? \_\_\_\_\_

\_\_\_\_\_