

MATHS - Functional Skills Maths – Level 2

Using the text book and 10 minute test book work through the book for an hour a day. Mark your work as you go along, find videos to help you learn and support.

Tick and date the topics as you work through them.

SECTION 1 – Number

<input type="checkbox"/> Numbers	Date completed:_____
<input type="checkbox"/> Adding and subtracting	Date completed:_____
<input type="checkbox"/> Multiplying and dividing	Date completed:_____
<input type="checkbox"/> Order of operations	Date completed:_____
<input type="checkbox"/> Fractions	Date completed:_____
<input type="checkbox"/> Decimals	Date completed:_____
<input type="checkbox"/> Rounding and estimating	Date completed:_____
<input type="checkbox"/> Percentages	Date completed:_____
<input type="checkbox"/> Percentage change	Date completed:_____
<input type="checkbox"/> Ratios	Date completed:_____
<input type="checkbox"/> Direct proportion	Date completed:_____
<input type="checkbox"/> Inverse proportion	Date completed:_____
<input type="checkbox"/> Formulas in words	Date completed:_____
<input type="checkbox"/> Formulas using letters	Date completed:_____

PART 1 B – NUMBER TESTS – USING THE 10 MINUTE TEST BOOKS

<input type="checkbox"/> Test 1	Date completed:_____	Score:_____
<input type="checkbox"/> Test 2	Date completed:_____	Score:_____
<input type="checkbox"/> Test 3	Date completed:_____	Score:_____
<input type="checkbox"/> Test 4	Date completed:_____	Score:_____
<input type="checkbox"/> Test 5	Date completed:_____	Score:_____
<input type="checkbox"/> Test 6	Date completed:_____	Score:_____
<input type="checkbox"/> Test 7	Date completed:_____	Score:_____
<input type="checkbox"/> Test 8	Date completed:_____	Score:_____
<input type="checkbox"/> Test 9	Date completed:_____	Score:_____

SECTION 2 – Measures, Shape and space

<input type="checkbox"/>	Money	Date completed:_____
<input type="checkbox"/>	Units	Date completed:_____
<input type="checkbox"/>	Speed and density	Date completed:_____
<input type="checkbox"/>	Perimeter	Date completed:_____
<input type="checkbox"/>	Working with lengths	Date completed:_____
<input type="checkbox"/>	Area	Date completed:_____
<input type="checkbox"/>	3D Shapes	Date completed:_____
<input type="checkbox"/>	Nets	Date completed:_____
<input type="checkbox"/>	Surface area	Date completed:_____
<input type="checkbox"/>	Plans and elevations	Date completed:_____
<input type="checkbox"/>	Volume	Date completed:_____
<input type="checkbox"/>	Scale drawings	Date completed:_____
<input type="checkbox"/>	Coordinates	Date completed:_____
<input type="checkbox"/>	Angles in 2D Shapes	Date completed:_____

PART 2 B – MEASURE, SHAPE AND SPACE TESTS – USING THE 10 MINUTE TEST BOOKS

<input type="checkbox"/>	Test 1	Date completed:_____	Score:_____
<input type="checkbox"/>	Test 2	Date completed:_____	Score:_____
<input type="checkbox"/>	Test 3	Date completed:_____	Score:_____
<input type="checkbox"/>	Test 4	Date completed:_____	Score:_____
<input type="checkbox"/>	Test 5	Date completed:_____	Score:_____
<input type="checkbox"/>	Test 6	Date completed:_____	Score:_____
<input type="checkbox"/>	Test 7	Date completed:_____	Score:_____
<input type="checkbox"/>	Test 8	Date completed:_____	Score:_____
<input type="checkbox"/>	Test 9	Date completed:_____	Score:_____

SECTION 3 – Handling data

- | | |
|---|-----------------------|
| <input type="checkbox"/> Median and mode | Date completed: _____ |
| <input type="checkbox"/> Mean and range | Date completed: _____ |
| <input type="checkbox"/> Using averages and range | Date completed: _____ |
| <input type="checkbox"/> Grouped frequency tables | Date completed: _____ |
| <input type="checkbox"/> Probability | Date completed: _____ |
| <input type="checkbox"/> Scatter diagrams | Date completed: _____ |

PART 3 B – HANDLING DATA TESTS – USING THE 10 MINUTE TEST BOOKS

- | | | |
|---------------------------------|-----------------------|--------------|
| <input type="checkbox"/> Test 1 | Date completed: _____ | Score: _____ |
| <input type="checkbox"/> Test 2 | Date completed: _____ | Score: _____ |
| <input type="checkbox"/> Test 3 | Date completed: _____ | Score: _____ |
| <input type="checkbox"/> Test 4 | Date completed: _____ | Score: _____ |
| <input type="checkbox"/> Test 5 | Date completed: _____ | Score: _____ |
| <input type="checkbox"/> Test 6 | Date completed: _____ | Score: _____ |

SECTION 4 – MIXED PRACTICE – USING THE 10 MINUTE TEST BOOKS

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|---------------------------------|-----------------------|--------------|
| <input type="checkbox"/> Test 1 | Date completed: _____ | Score: _____ |
| <input type="checkbox"/> Test 2 | Date completed: _____ | Score: _____ |
| <input type="checkbox"/> Test 3 | Date completed: _____ | Score: _____ |
| <input type="checkbox"/> Test 4 | Date completed: _____ | Score: _____ |
| <input type="checkbox"/> Test 5 | Date completed: _____ | Score: _____ |
| <input type="checkbox"/> Test 6 | Date completed: _____ | Score: _____ |