

# Log Sheet for Loop Exercises

your name(last name, first name)

section

For each item below, indicate the date when you finished writing the solution. Put a check mark on the third column if you were able to verify your solution by **manually tracing** your solution.

## I. Self Evaluation Exercises

- |                         |                                 |                          |                                 |
|-------------------------|---------------------------------|--------------------------|---------------------------------|
| 1. Date Finished: _____ | <input type="checkbox"/> Traced | 7. Date Finished: _____  | <input type="checkbox"/> Traced |
| 2. Date Finished: _____ | <input type="checkbox"/> Traced | 8. Date Finished: _____  | <input type="checkbox"/> Traced |
| 3. Date Finished: _____ | <input type="checkbox"/> Traced | 9. Date Finished: _____  | <input type="checkbox"/> Traced |
| 4. Date Finished: _____ | <input type="checkbox"/> Traced | 10. Date Finished: _____ | <input type="checkbox"/> Traced |
| 5. Date Finished: _____ | <input type="checkbox"/> Traced | 11. Date Finished: _____ | <input type="checkbox"/> Traced |
| 6. Date Finished: _____ | <input type="checkbox"/> Traced | 12. Date Finished: _____ | <input type="checkbox"/> Traced |

## II. Exercises

- |                          |                                 |                          |                                 |
|--------------------------|---------------------------------|--------------------------|---------------------------------|
| 1. Date Finished: _____  | <input type="checkbox"/> Traced | 20. Date Finished: _____ | <input type="checkbox"/> Traced |
| 2. Date Finished: _____  | <input type="checkbox"/> Traced | 21. Date Finished: _____ | <input type="checkbox"/> Traced |
| 3. Date Finished: _____  | <input type="checkbox"/> Traced | 22. Date Finished: _____ | <input type="checkbox"/> Traced |
| 4. Date Finished: _____  | <input type="checkbox"/> Traced | 23. Date Finished: _____ | <input type="checkbox"/> Traced |
| 5. Date Finished: _____  | <input type="checkbox"/> Traced | 24. Date Finished: _____ | <input type="checkbox"/> Traced |
| 6. Date Finished: _____  | <input type="checkbox"/> Traced | 25. Date Finished: _____ | <input type="checkbox"/> Traced |
| 7. Date Finished: _____  | <input type="checkbox"/> Traced | 26. Date Finished: _____ | <input type="checkbox"/> Traced |
| 8. Date Finished: _____  | <input type="checkbox"/> Traced | 27. Date Finished: _____ | <input type="checkbox"/> Traced |
| 9. Date Finished: _____  | <input type="checkbox"/> Traced | 28. Date Finished: _____ | <input type="checkbox"/> Traced |
| 10. Date Finished: _____ | <input type="checkbox"/> Traced | 29. Date Finished: _____ | <input type="checkbox"/> Traced |
| 11. Date Finished: _____ | <input type="checkbox"/> Traced | 30. Date Finished: _____ | <input type="checkbox"/> Traced |
| 12. Date Finished: _____ | <input type="checkbox"/> Traced | 31. Date Finished: _____ | <input type="checkbox"/> Traced |
| 13. Date Finished: _____ | <input type="checkbox"/> Traced | 32. Date Finished: _____ | <input type="checkbox"/> Traced |
| 14. Date Finished: _____ | <input type="checkbox"/> Traced | 33. Date Finished: _____ | <input type="checkbox"/> Traced |
| 15. Date Finished: _____ | <input type="checkbox"/> Traced | 34. Date Finished: _____ | <input type="checkbox"/> Traced |
| 16. Date Finished: _____ | <input type="checkbox"/> Traced | 35. Date Finished: _____ | <input type="checkbox"/> Traced |
| 17. Date Finished: _____ | <input type="checkbox"/> Traced | 36. Date Finished: _____ | <input type="checkbox"/> Traced |
| 18. Date Finished: _____ | <input type="checkbox"/> Traced | 37. Date Finished: _____ | <input type="checkbox"/> Traced |
| 19. Date Finished: _____ | <input type="checkbox"/> Traced |                          |                                 |

## III. Summary

	Self Evaluation Exercises	Exercises
No. of Items:	12	37
No. of Items Solved:	_____	_____
No. of Traced Solutions:	_____	_____