

Science Kit Scheduling Form

Teacher Name: _____ Grade: 1

School District: _____ School Building: _____

School Phone (include extension): _____ E-mail: _____

Number of science classes you teach: _____ Estimated number of students: _____

| Kit Title | Scheduling Times | Training | Comments |
|---|---|--|---|
| | Directions: Circle when you would like to use each kit | Directions: Indicate with an "X" if you have not been trained | Directions: Indicate number of kits needed (usually 1 per class) |
| 414 Weather (STC) | 9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24 | | |
| 411 Properties | 9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24 | | |
| 412 Goldfish & Guppies | 9/8 to 12/3 2/28 to 6/24 | | |
| <p>If you selected the Goldfish Kit we will be sending the supplies listed below. Please CROSS OUT any items which you WILL NOT NEED:</p> <p>2 gray boxes w/supplies Aquarium with hood Aquarium stand Live materials</p> <p>AQUARIUMS SHOULD BE PLACED ON A STURDY COUNTERTOP OR STAND. DO NOT USE STUDENT DESKS OR TABLES.</p> | | | |
| 413 Rocks, Fossils & Dinosaurs | 9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24 | | |

Please return this form to your Building Science Mentor. If you have completed more than one page please staple them together.