

Science Kit Scheduling Form

Teacher Name: _____ Grade: 3

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)
430 Buoyancy	9/8 to 10/22 10/4 to 12/3 1/3 to 2/25 1/24 to 3/25 5/2 to 6/24		
431 Butterflies & Moths (STC)	9/8 to 11/5 5/2 to 6/24		
432 Sound	9/8 to 10/22 10/4 to 12/3 1/3 to 2/25 1/24 to 3/25 5/2 to 6/24		
434 Rocks and Minerals (STC)	9/8 to 10/22 10/4 to 12/3 1/3 to 2/25 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.