

Science Kit Scheduling Form

 Teacher Name: _____ Grade: 4

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)
440 Electrical Circuits	9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24		
441 Crayfish	9/8 to 11/5 5/9 to 6/24* *(Crayfish ship 5/18 or when available)		
442 Powders & Crystals OR 447 Motion & Design (STC Pilot) (Limited Availability)	9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24 9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24		
445 Plant Growth and Development (STC)	9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24		
446 Land & Water (STC)	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.