

# Science Kit Scheduling Form

Teacher Name: \_\_\_\_\_ Grade: 5

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
	<b>Directions:</b> Circle when you would like to use each kit	<b>Directions:</b> Indicate with an "X" if you have not been trained	<b>Directions:</b> Indicate number of kits needed (usually 1 per class)
450 Electromagnetism	9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24		
451 Meet the Creatures	9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24		
452 Optics	9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24		
456 Ecosystems (STC)	9/8 to 12/3 5/2 to 6/24		
454 Traveling In Space	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.**