

# Science Kit Scheduling Form

Teacher Name: \_\_\_\_\_ Grade: 6

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)
467 Water: Can We Keep it Fit For Life?	9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24		
<b>Please indicate number of aquariums needed _____</b>			
461 Pond Life	9/8 to 12/3 2/28 to 6/24		
462 Incubation & Embryology	1/3 to 2/11 (Incubation Dates: 1/12-2/2) 5/9 to 6/24 (Incubation Dates: 5/18-6/8)		
463 Rocketry	9/8 to 12/3 2/28 to 6/24		
464 Energy	9/8 to 10/22 11/8 to 1/7 1/24 to 3/25 5/2 to 6/24		
465 Simple Machines	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.**