Kit Title _____ Date _____

Presenter(s) Name _____

Your Name _____

Your email address (please print legibly)

Likelihood that you will use this Science Take-Out kit with your classes (circle one):

Definitely Yes	**Maybe Yes**	**Maybe No**	**Definitely No**

Workshop Evaluation (circle one):

Great	**Good**	**Fair**	**Poor**

Are you interested in field testing Science Take-Out kits? (circle one):

Yes	**No**

Please write your comments regarding the Science Take-Out activity or the workshop below and/or on the back.

Kit Title _____ Date _____

Presenter(s) Name _____

Your Name _____

Your email address (please print legibly)

Likelihood that you will use this Science Take-Out kit with your classes (circle one):

Definitely Yes	**Maybe Yes**	**Maybe No**	**Definitely No**

Workshop Evaluation (circle one):

Great	**Good**	**Fair**	**Poor**

Are you interested in field testing Science Take-Out kits? (circle one):

Yes	**No**

Please write your comments regarding the Science Take-Out activity or the workshop below and/or on the back.