

Soaring with Science

Name _____
 first last

Grade: _____

Teacher: _____

Date: _____

Parent Signature: _____

HYPOTHESIS: _____
(YOUR GUESS)

OBSERVATIONS: _____

You may continue your observations on another sheet or graph.

CONCLUSION: (WHAT YOU LEARNED OR DISCOVERED)

WHAT YOU WOULD RECOMMEND TO CHANGE OR EXTEND THIS
EXPERIMENT: _____