

| PARENT'S SIGNATURE | Document sources | Select attached materials <u>Check all that apply</u> <u>Numbered items are required.</u> | Credit and Notes (for teacher use only) |
|---|--|--|--|
| <p>Log of work dates and times</p> <p>Researching Date: Start: Stop: Subtotal:</p> <p>Stargazing time spent Date: Start: Stop: Subtotal:</p> <p>Summary: Date: Start: Stop: Subtotal</p> <p>Total time in minutes: _____</p> | <p>Bibliography for the map of the heavens used:</p> <p>Write all facts/lab results etc on separate paper!!!</p> | <ol style="list-style-type: none"> 1. Map of the heavens 2. Weather conditions for the viewing time period. 3. List of equipment used to help in viewing. 4. List of the planets seen and their locations 5. List of constellations seen and their locations 6. Sentence summary of the evening and your impressions. <ul style="list-style-type: none"> <input type="checkbox"/> Pictures taken of the sky or your group stargazing. <input type="checkbox"/> Poster with all the above layed out on it for your night of viewing. | |