

Data Collection Form

Please enter the appropriate information for your activity.

1. Activity Type: (Check all that apply)

- Conference
 Seminar
 Other (specify): _____
 Workshop
 Classroom Visit

2. Activity Title: _____

3. Activity Date Start: _____ End: _____

4. How long was your activity?

- Short (≤ 2 days)
 Long (> 2 days)
 Other (specify): _____

5. Where was your activity held? (Check all that apply)

- NASA Center(s)
 Museum/
 University Campus
 Planetarium(s)
 Other (specify): _____
 Elementary/
 Middle/High School(s)
 Community Facilities

6. Please provide the city, state, & zip code of the location.

City: _____ State: ____ Zip: _____

7. What type of NASA educational materials were demonstrated and/or presented during the activity? (Check all that apply.)

- Standardized presentation
 Toolkit
 Exhibits
 Video
 NASA websites
 Learning games
 Activity Demonstration
 NASA equipment
 Other (specify): _____

8. How many NASA educational materials did you distribute? _____

9. How many participants attended?

Teachers (K-12 & Informal Educators)	
Teaching grades K-4	
Teaching grades 5-8	
Teaching grades 9-12	
Other (specify): _____	
Students	
Attending grades K-4	
Attending grades 5-8	
Attending grades 9-12	
Other (specify): _____	
Additional Participants	
Other (specify): _____	

Thank you for your feedback!

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