Experiment Planning Form

Name: _____   Date:_____

Question: What will happen when

_____

_____

_____

_____

My Hypothesis: I predict that

_____

_____

_____

_____

_____

Variables:

Independent:_____

Dependent:_____

Experimental Group:

_____

_____

_____

_____

Control Group:

_____

_____

_____

_____

Recording Sheet
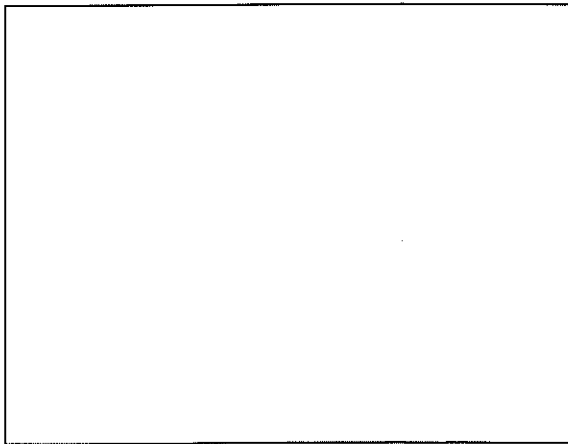
<u>Day #</u>

<u>Experimental Group:</u>

Observations:

_____

_____

_____

_____

Measurement/Data:

_____

_____

Picture:

_____
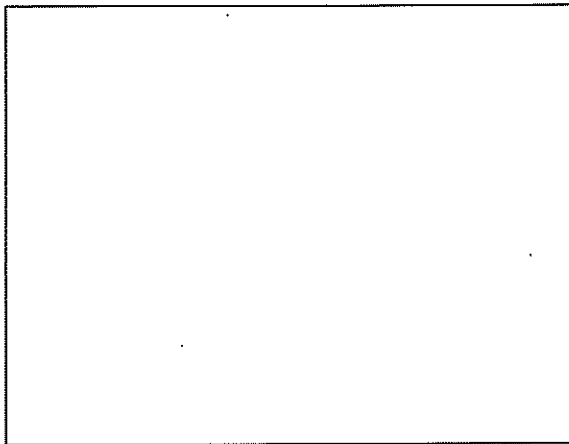
Reflection:

_____

_____

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_____

<u>Control Group:</u>

Observations:

_____

_____

_____

_____

Measurement/Data:

_____

_____

Picture:

_____

Reflection:

_____

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