

School District #: _____
School Name: _____
Your SIA Facilitator: _____
Workshop Date: _____



Science in Action[®]

Teacher Pre-Survey

- 1.) What learning resources have you used previously? e.g. GEMS, Project WILD

- 2.) Please describe the science themes you currently teach and your favourite hands-on science activities.

- 3.) What additional science activities are currently going on at your school?

<input type="checkbox"/> Recycling	<input type="checkbox"/> Environmental club
<input type="checkbox"/> Composting	<input type="checkbox"/> Walk-to-school initiatives
<input type="checkbox"/> Other (describe):	<input type="checkbox"/> Gardening/ greening

- 4.) Rate your present comfort level in teaching active, hands-on science activities?

<input type="checkbox"/> Science is my life, stay up at night thinking of new science lessons/projects (Excellent)
<input type="checkbox"/> Pretty confident, enjoy teaching hands-on science (Very Good)
<input type="checkbox"/> Science and I are friends but need more info/materials to feel confident to do more (Good)
<input type="checkbox"/> Makes me a little anxious but I don't shy away from science lessons (Fair)
<input type="checkbox"/> Avoid science lessons whenever possible... crayons anyone? (Poor)

- 5.) What are the barriers you face in trying to teach science?

- 6.) What is your ideal field trip related to your workshop theme? List local outdoor field trips you have participated in previously.

- 7.) What are your expectations for a) teacher training workshop b) year-long SIA Program.

Please return this form prior to your SIA Facilitator
or fax to WildBC Office at: 250.590.6614
www.wildbc.org

