

# 2024 TMC Lab Usage Report

Single use or monthly reporting form This form is also available <u>online</u>



Required questions are marked with an asterisk\*

Today's date:\*

- 1. Lab #/Hosting Organization\*
- 2. Name of your organization
- 3. Your name\*
- 4. Email address\*
- 5. **Date of use** (For multiple sessions, indicate first date TMC was used during this reporting period. )
- 6. **Number of sessions** (How many times was TMC used during this reporting period?)
- 7. **Total # of hours\*** (How many TMC "program hours" were delivered during this reporting period?)
- 8. Total number of youth participants\*
- 9. Ages of youth participants\* (years old)

- 10. Community served (Name of town/community)
- 11. **Program name and/or location** (Name of youth program, class, library, community center, park, etc.)
- 12. School name\* (if applicable)
- 13. School District/Number (if applicable)
- 14. Number of program leaders (staff, volunteers, teachers, etc.) who used the TMC Lab (during this reporting period)
- 15. Where and when did you use TMC Labs?
  a) At a school, during school hours
  b) At a school, out of school hours
  - c) Not at a school, during school hours
  - d) Not at a school, non-school hours
  - 16. How did you use TMC Labs?
    - a) Used the trailer as a mobile makerspace/classroom
      b) Went "shopping" in the trailer and brought materials to youth
      c) Used the activity guide (aka LiveBinder) and my own materials
      d) Used TMC materials not stored in a trailer (TMC unhitched)
- 17. How well did the activities work? (Do you think the TMC sessions were both "hands-on" and "minds-on?")
  a) Activities felt both "hands-on and minds-on"
  b) Activities were "hands-on" but not always "minds-on"
  c) Activities were neither
  d) Not sure

### 18. Activities and Highlights\*

(What did you do? How did it go? We love stories!)

## **Demographics**

Complete this information using your organization's registration data. Your organization likely collects demographic information when participants register for programs. Ask administrators at your organization if they can provide this information.

Demographic data for each Idaho public school can be found at:

https://idahoschools.org/state/ID/school-list

#### Gender:

\_\_\_\_\_% Male

\_\_\_\_\_% Female

\_\_\_\_\_% Nonbinary or other

\_\_\_\_\_% Gender Unknown

# **Race/Ethnicity:**

\_\_\_\_\_% American Indian or Alaska Native

19. **Community engagement** (How did parents/guardians \_\_\_\_\_% *Asian* or community members interact with TMC?)

\_\_\_\_\_% Black or African American

\_\_\_\_\_% Hispanic or Latino

\_\_\_\_\_% Native Hawaiian or Other Pacific Islander

\_\_\_\_\_% White

\_\_\_\_\_% *Mixed race/ethnicity* 

\_\_\_\_\_% Race/ethnicity unknown

### 20. Comments or suggestions for improvement

(What can we learn from your experience using TMC?)



LABS

# **Restocking Report**

<u>If your TMC program leader requires it</u>, fill out this form completely at the end of each day or activity.

This section will be used by *your organization* to order and restock materials. The Idaho Out-of-School Network does not require this information.



Date	Name	Materials Used (Indicate any issues: did anything break, need to be replaced, or not work?)	Quantity	Time to restock?