

TMC Lab Use Tracking Form

For internal use only. Complete online user reports on the TMC “For Educators page at the Idaho Out-of-School Networks’s website.



TMC Lab # and location:

Date	Name	# of sessions	Total # hours	# of kids	Ages	# of adults	What did you do? (Which activities, what else?)	Where and when? (At a school or elsewhere? During school or after/out-of school?)	How did it go?*(Circle One)
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									A B C D

*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