

2025 TMC Lab Usage Report

Single use or monthly reporting form

This form is also available [online](#)



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***

Are you reporting on activities for either of these programs?

TMC Works Maxi Grant

If you are involved in TMC Works, what is your role? (circle one)

STEM Ambassador

STEM Supervisor

Site Administrator

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. **First-time users*** (estimate percentage of kids)

a) 100% NEW users of TMC labs

b) >50% More than half were NEW users

c) 50% new/50% repeat users

d) <50% Less than half were NEW users

e) Most youth were REPEAT users

11. **Community served** (Name of town/community)

12. **Program name and/or location** (Name of youth program, class, library, community center, park, etc.)

13. **Number of program leaders (staff, volunteers, teachers, etc.) who used the TMC Lab** (during this reporting period)

14. **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

Activities and Highlights*

List activities youth did. How did it go? We love stories!

16. Community engagement

How did parents/guardians or community members interact with TMC?

17. Comments or suggestions for improvement

What can we learn from your experience using TMC?

