

Project ASTRO Activity and Planning Log

Date of Event: _____

Astronomer's name: _____

Teacher's name: _____

Submitted by: _____

Email address: _____

Phone number(s): _____

Type of Event:

- Observational visit
- Classroom/After School Program visit
- Star Party
- Astronomy Club
- Assembly
- Science Night/Fair
- Other _____

Hours at Event (please round to the nearest quarter hour): _____

Planning time spent: _____

Type of planning required: _____

Activity (activities) facilitated: _____

Activity Modification (if any): _____

Suggestions: _____
