SCIENCE

Observation Journal

DATE: _____ TIME: _____ WEATHER: _____

OBSERVATION TITLE / SUBJECT:

WHAT I OBSERVED

Describe what you saw, heard, smelled, touched, or otherwise noticed.

SKETCH / DIAGRAM

Draw what you observed.

MEASUREMENTS / DATA

Record any measurements or data.

WHAT I MEASURED	VALUE	UNIT

MY THINKING

What do you think is happening? Why do you think that?

QUESTIONS I HAVE

What do you want to learn more about?

NEXT STEPS

What will you observe or explore next?

NAME: _____ DATE COMPLETED: _____