

SCIENCE SURVEY GRADE 5

1. **Do you like science YES / NO/ SOMETIMES**

2. **What ways do you like to learn science? (check as many as you wish)**
 - a. Reading and discussing what is read
 - b. Answering questions at the end of a chapter
 - c. Doing labs or hands on activities (Science experiments)
 - d. Watching Science videos
 - e. Writing notes
 - f. Science Computer activities

3. **How do you like to work in the classroom?**
 - a. In small groups (4-5 students)
 - b. By myself
 - c. With a classmate (pairs)
 - d. Whole class activities

4. **I use science daily YES / NO/ SOMETIMES**
If yes, give an example

5. I use science outside of school **YES / NO/ SOMETIMES**
If yes, give an example

6. Science affects my daily life **YES / NO/ SOMETIMES**
If yes, tell how.

7. Science affects my daily choices **YES / NO/ SOMETIMES**
If yes, tell how.

Completed by: _____

