

Expressing Your Preference

Name: _____ # _____
Science / Safety Project

Date: _____
HR: _____

During most science activities, students will have the opportunity to relate their preferences. The **Safety Shield** project is no exception.

Please prioritize your preferences. That means that you should read through the list of topics; then think about which you are most interested in.

On the line to the left of each topic, place a number from 1 to 10. The number 1 would be the topic you most want to do. Do not repeat any number - use all numbers from 1 to 10.

Return this form to Mrs. Snyder. Thank you! ☺

- _____ Safety with chemicals
- _____ Safety with electricity
- _____ Safety with sharp objects and tools
- _____ Safety with temperature (fire, burners, & cold)
- _____ Safety with clothing
- _____ Safety with face and eyes
- _____ Safety with plants
- _____ Safety with organisms (mammals, insects, bacteria)
- _____ Safety with your work area or experiment
- _____ Safety with glassware

Parent name (print, please)

Parent signature

Date of signature:

