

Name_____ Date_____ Period_____

Input Stations

5E Lab: _____

Read it! (Label your answers)

Watch it! (Label your answers)

Explore it! (Label your answers)

Research it! (Label your answers)

Name _____ 5E Lab: _____

Output Stations

Organize it! (Complete and Get Teacher Signature)

Illustrate it! (Label your answers)

Write it! (Label your answers)

Assess it! (Label your answers)