

**WILSON EDUCATION CENTER
FOSS & GEMS KIT REQUEST FORM**

Teacher(s) Name _____ **Date Requested** _____

School _____ **Number of Teachers Using Kit(s)** _____

Email _____

Selection (X)	FOSS Kit Name	Grade Level	Preferred Date	Second Choice
	Air & Weather	1-2		
	Balance & Motion	1-2		
	Earth Materials	3-4		
	Fabric	K		
	Food & Nutrition	5-6		
	Human Body	3-4		
	Ideas & Inventions	3-4		
	Landforms	5-6		
	Levers & Pulleys	5-6		
	Magnetism & Electricity	3-4		
	Measurement	3-4		
	Mixtures & Solutions	5-6		
	Models & Designs	5-6		
	Paper	K		
	Pebbles, Sand & Silt	1-2		
	Physics of Sound	3-4		
	Solar Energy	5-6		
	Solids & Liquids	1-2		
	Trees	K		
	Variables	5-6		
	Water	3-4		
	Wood	K		

Selection (X)	GEMS Kit Name	Grade Level	Preferred Date	Second Choice
	Acid Rain	6-8		
	Crime Lab Chemistry	4-6		
	Global Warming	7-8		
	Ocean Currents	5-8		
	Plate Tectonics	6-8		
	Schoolyard Ecology	3-6		

Return completed form to Cheryl Reagan (creagan@wesc.k12.in.us)