|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **District:** |  | **School:** |  |
| **Principal:** |  | **Date:** |  |

 |
| Complete for each 9-12 laboratory science course. |
| **List courses designated as science laboratory courses** | **Number of sections** | **List classrooms and periods offered** | **Typical class size** | **List equipment available for all enrolled students in each course and the amount of equipment available for student use.** | **Equipment storage location** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **The Williams Team will request the science chair’s signature at time of the visit in order to validate sufficiency of the lab equipment inventory.** |
|  |  |  |
|  | *science chair or designee signature* |  |