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| |  |  |  |  | | --- | --- | --- | --- | | **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** |
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| **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* |  |