

Name:

Date:

The Scientific Method

Question	
Hypothesis	Research/Observation
Experiment	
Materials	Procedure
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Results	
Conclusions	
New Questions/Notes for Next Time	