

ONEIDA HERKIMER MADISON BOCES
Information and Technology Services
502 Court Street
Utica, New York 13502
Portable Planetarium Services
Attention: Barb Camerota, Coordinator
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PLANETARIUM PRE-PRESENTATION FORM

Teachers, to ensure the most effective use of the STARLAB Planetarium, please complete this form and return it to your school coordinator **3 weeks prior** to the actual presentation date.

SCHOOL COORDINATOR: Please fax this form 2 weeks prior to the presentation date(s).

SCHOOL DISTRICT: _____ SCHOOL BUILDING: _____

REQUESTING TEACHER: _____ SUBJECT TAUGHT: _____

GRADE LEVEL: _____ CONTACT PERSON: _____
(If other than above)

TOPIC: _____ DATE OF PRESENTATION: _____

1. Planetarium program will be used as:
Introduction _____ Review _____ Reinforcement _____ Other _____
2. Briefly describe level of student knowledge about this topic:
3. List objectives to be met by STARLAB Planetarium presentation:
4. Comments: (Please include any information that would aid in integrating the Planetarium presentation into your classroom curriculum (i.e. special needs students).