

Name: _____

Period: _____ Date: _____

Demonstration Observation Worksheet for _____ (demo title)

Use this worksheet to record all of your observations during the demonstration. You can record what you observe before, during, and after the demonstration. Record an observation for as many boxes as you can. **Remember! Touching many chemicals is dangerous. Be sure to get permission before touching anything! Be sure to wear safety goggles if you go to observe up-close! Always smell by wafting odors toward your nose!** (See diagrams below.)

	Before		During		After	
Smells Like						
Color						
Flame Present?	YES	NO	YES	NO	YES	NO
Flame Color						
Liquid Present?	YES	NO	YES	NO	YES	NO
Gas Present?	YES	NO	YES	NO	YES	NO
Solid Present?	YES	NO	YES	NO	YES	NO
Temperature (hot/cold or actual temperature)						
Sounds Like						
Hardness						
Texture						
Looks Like						
Anything Else?						

