**MANDATORY** that you complete this survey to maintain Lending Library privileges.

Name: ______________________ School: ____________________________

County: ____________________ Kit used: _________________________

Date(s) used: _______________ Total # of students using kit: __________

CIBT’s funding requires that we include statistics each year. Please return this completed survey with your kit. Thank you in advance for your cooperation.

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**Information about your SCHOOL**

- Type of school: [ ] Inner City  [ ] Urban  [ ] Small City  [ ] Suburban  [ ] Rural  [ ] Other: _______

- What percentage of your school population receives free or reduced lunch? _________

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**Grade**

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<th>Males</th>
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<th>Females</th>
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<tr>
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<td>White</td>
<td>Black</td>
<td>Hispanic</td>
<td>Native American</td>
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<td>12th</td>
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(*) If possible, please let us know about the race/ethnicity of students listed as other: ____________________________

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**The students above are (choose one):**

- Regents
- Honors
- AP
- IB
- Other

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**IMPORTANT:**

- We need the above data from the students who *actually used the kit*, NOT the entire school.
- If you used the kit with two or more groups of students (e.g. a Regents class and an AP class), please fill out *one survey for each group*. Extra copies can be found on our website.

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Please specify “other” class type: ____________________________
1. Where in your curriculum did you use this kit?
______________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

2. Which NYS standards does this kit target?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

3. Were you satisfied with the condition of the kit(s) you received?
__________________________________________________________________________________________________________________

4. Did everything work for you as described in the lab?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

5. How could we improve the kit?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

6. What other kits could we put in the Lending Library that would be of use to you?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

Thank you for your time in helping us better serve you!