

District of Columbia Public Schools
District of Columbia Department of Health, Environmental Health Administration, Watershed Protection Division
A Meaningful Watershed Educational Experience Classroom and Field Experience Agency Report
School Year 2005-2006

Name of Agency: _____ **Agency Representative Conducting Activity:** _____

Name of School: _____ **Teacher Contact:** _____ **Name of Course/Club:** _____

Grade Level: _____ **Number of Students Participating:** _____ **Dates of Activity:** _____

| | | |
|--|---|---|
| Description of Activity: Check all that apply (✓) | | |
| <input type="checkbox"/> Culture and plant wetland plants and animals <input type="checkbox"/> Plant trees - school yard or community <input type="checkbox"/> BTW curriculum lesson <input type="checkbox"/> Other curriculum lesson study <input type="checkbox"/> Recycle and reduce waste activities maintenance <input type="checkbox"/> Study and control invasive plants garden <input type="checkbox"/> Watershed studies overnight camp barrels <input type="checkbox"/> Watershed geography/history/cultural activities | <input type="checkbox"/> Test and monitor water quality <input type="checkbox"/> Communicate ways to protect the watershed <input type="checkbox"/> Clean up and care for a local stream <input type="checkbox"/> Stencil storm drains <input type="checkbox"/> Raise and release native fish <input type="checkbox"/> Create greening spaces/habitats <input type="checkbox"/> Other activities (specify): _____ | <input type="checkbox"/> Observe plants <input type="checkbox"/> Potomac River Sojourn <input type="checkbox"/> Boat/canoe study trip <input type="checkbox"/> Macro-invertebrate <input type="checkbox"/> Trail <input type="checkbox"/> Create a rain <input type="checkbox"/> Install rain |
| DCPS Content Standard(s) Addressed: | | |
| Comments about experience: | | |

Hours Included in Activity: Teacher and/or Agency classroom preparation/presentation _____ hours; Activity _____ hours; Follow-up reflection _____ hours. **Total hours for MWEE** _____

Signature - Agency Representative: _____ **Date Form Submitted:** _____

Complete and submit this form to Gilda Allen, DOH/EHA/WPD, at the conclusion of each Meaningful Watershed Educational Experience. Gilda.Allen@dc.gov, Fax: (202) 535-1364, or mail to 51 N Street NE, Washington, DC 20002

For additional information call (202) 535-2239.

Funding Source, Check one:

National Oceanic & Atmospheric Administration/ B-WET__ Department of Health (MWEE)__Other/specify_____