

Name:

Date:

Class:

What's In Our Stars? Sample Tracker

Record what substance will be used in each sample/unknown cup:

Sample A = _____ = Unknown A

Sample B = _____ = Unknown B

Sample C = _____ = Unknown C

Calculate materials for each group:

Each group needs: Sample A, Sample B, Sample C, and an Unknown

ONE of Sample A x _____ (Number of Groups) = _____ Total Number of Sample A Cups

ONE of Sample B x _____ (Number of Groups) = _____ Total Number of Sample B Cups

ONE of Sample C x _____ (Number of Groups) = _____ Total Number of Sample C Cups

ONE Unknown* _____ (Number of Groups) = _____ Total Unknown Cups

*Decide whether each group will have a different unknown sample (A, B, or C) or the same sample (e.g., all A).

Label each of the cups:

Use the actual name of the substance/material being used for the sample cups. For example, write "Iron" not "Sample A" on the cup. For the unknown cups, write "Unknown A"/"Unknown B"/"Unknown C," or simply "A"/"B"/"C". This way you can identify what substance is in each unknown cup.

Double check:

Below is a checklist you can use to make sure each group has what they need for samples/unknowns. Record which Unknown (A, B, or C) each group will be given. You can add/remove groups as needed.

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
<input type="checkbox"/> Sample A	<input type="checkbox"/> Sample A	<input type="checkbox"/> Sample A	<input type="checkbox"/> Sample A	<input type="checkbox"/> Sample A	<input type="checkbox"/> Sample A
<input type="checkbox"/> Sample B	<input type="checkbox"/> Sample B	<input type="checkbox"/> Sample B	<input type="checkbox"/> Sample B	<input type="checkbox"/> Sample B	<input type="checkbox"/> Sample B
<input type="checkbox"/> Sample C	<input type="checkbox"/> Sample C	<input type="checkbox"/> Sample C	<input type="checkbox"/> Sample C	<input type="checkbox"/> Sample C	<input type="checkbox"/> Sample C
<input type="checkbox"/> Unknown ____	<input type="checkbox"/> Unknown ____	<input type="checkbox"/> Unknown ____	<input type="checkbox"/> Unknown ____	<input type="checkbox"/> Unknown ____	<input type="checkbox"/> Unknown ____
Group 7	Group 8	Group 9	Group 10	Group 11	Group 12
<input type="checkbox"/> Sample A	<input type="checkbox"/> Sample A	<input type="checkbox"/> Sample A	<input type="checkbox"/> Sample A	<input type="checkbox"/> Sample A	<input type="checkbox"/> Sample A
<input type="checkbox"/> Sample B	<input type="checkbox"/> Sample B	<input type="checkbox"/> Sample B	<input type="checkbox"/> Sample B	<input type="checkbox"/> Sample B	<input type="checkbox"/> Sample B

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<input type="checkbox"/> Sample C	<input type="checkbox"/> Sample C	<input type="checkbox"/> Sample C	<input type="checkbox"/> Sample C	<input type="checkbox"/> Sample C	<input type="checkbox"/> Sample C
<input type="checkbox"/> Unknown __	<input type="checkbox"/> Unknown __	<input type="checkbox"/> Unknown __	<input type="checkbox"/> Unknown __	<input type="checkbox"/> Unknown __	<input type="checkbox"/> Unknown __