Name ___________________________________________       Date ____________________

**Observation Record**

Date: ____________________

Time of observation: ____________________

Observed by: ____________________

Were the fish eating? ____________________________________

_________________________________________________________________________

_________________________________________________________________________

Were they sleeping? (How could you tell?) ____________________

_________________________________________________________________________

_________________________________________________________________________

How were they moving? (Fast, slow, one direction, different directions?) ______

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Other observation:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________