Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hour \_\_\_\_\_\_\_\_\_\_\_\_\_

**Inquiry Report**

Problem/Question:

Prior Knowledge:

Hypothesis:

Independent Variable:

Dependent Variable:

Control(s):

Materials:

Procedure:

Results:

Analysis of Data:

Conclusion: