

CONTAINER LABELS

Labels for
Investigation 3:
Water Tolerance

MOIST
0 ml of water

WET
40 ml of water

DRY
0 ml of water

SWAMP
120 ml of water

VERY WET
80 ml of water

Labels for
Investigation 5:
Brine Shrimp
Hatching
(modified Spring-05)

**0 spoons
of salt**

**1 spoons
of salt**

**2 spoons
of salt**

**3 spoons
of salt**

Labels for
Investigation 6:
Salt of
the Earth

**0 spoons of salt
in 1 liter**

**1 spoon of salt
in 1 liter**

**2 spoons of salt
in 1 liter**

**4 spoons of salt
in 1 liter**

Name _____

Date _____

BRINE SHRIMP HATCHING

PART 1

What day of your experiment did you first notice hatching?

(Count setup day as day 1.)

Day 1

Day 2

Day 3

Day 4

In which container did you first observe hatching?

0 spoons

1 spoon

2 spoons

3 spoons

What additional observations did you make?

PART 2

Record the number of eggs that hatched in each salt condition.

Make an X in one box for each salt condition.

Day _____ (Count setup day as day 1.)

SALT CONDITIONS

	0 SPOONS	1 SPOON	2 SPOONS	3 SPOONS
MOST				
SOME				
NONE				