Student First Name, Last Initial



Teacher ID

Teacher Name

Home Energy Worksheet

You may complete this worksheet at thinkenergy.org/XcelEnergy or scan the QR code. Online submissions require the teacher ID. If you do not know the answer to a question, leave it blank.



Installation Information

	Installed	Will Install Later	Will Never Install
Showerhead			
Bathroom Faucet Aerator			
Kitchen Faucet Aerator			
9 W (smaller) LED Bulb			
9 W (smaller) LED Bulb			
9 W (smaller) LED Bulb			
9 W (smaller) LED Bulb			
11 W (larger) LED Bulb			
11 W (larger) LED Bulb			
Filter Whistle			
Night Light			
Home Energy Use Questic	ons		
I. What is the main source of heat in you	ur home?		
Natural Gas	Electricity	Other Fuel or Unknown	
2. How much will you turn down your the	ermostat in winter to save energy for	heating?	
1 - 2 Degrees	3 - 4 Degrees	5+ Degrees	Will Not Adjust Thermostat
3. How much will you turn up your thermostat in summer to save energy for cooling?			
1 - 2 Degrees	3 - 4 Degrees	5+ Degrees	Will Not Adjust Thermostat
4. How many light bulbs are in your hom	e today?		
1 - 10	11 - 20	21 - 30	31+
5. How many LEDs were you using before this program?			
None	1 - 10	11 - 20	21+
6. What was the flow rate of your old sh	owerhead?	-	
0 - 1.0 gpm	1.1 - 1.5 gpm	1.6 - 2.0 gpm	2.1 - 2.5 gpm
2.6 - 3.0 gpm	3.1+ gpm	Did Not Test	XCE (

7.	What is the flow rate of your new high-efficiency showerhead?					
	0 - 1.0 gpm	1. 1 - 1.5 gpm		1.6 - 2.0 gpm		Did Not Install Showerhead
8.	How is your water heated? (Hint: Look for	a power cord for an electric he	ater o	r a gas line for a natural gas w	ater h	eater.)
	Natural Gas	Electricity		Propane or Other Method		
9.	9. Did you change the setting of your water heater?					
	Yes, I Lowered It for Energy Efficiency	Yes, I Plan to Lower It for Energy Efficiency		Yes, I Raised It		Yes, I Plan to Raise It
	No					
Program Questions						
While not required, these questions help us improve the Xcel Energy School Education Program for future classes. We read all of the responses and appreciate your feedback.						
10.	Has participation in this program changed	l the way you use energy in you	r hom	e?		
	Yes	No				
11. Were the kit and products easy for you and your child to install and use?						

12	Will you continue to	use the kit items	after the comr	pletion of the program?	

Yes

Yes

Yes	No	

13. Would you like to see this program continued in local schools?

Do you have comments about this program you would like to share with Xcel Energy? (favorite aspect, etc.)

No

No

To participate in an optional, short survey on your experience with this program or if you would like information on additional programs offered by Xcel Energy, please fill out the parent/guardian information below.

Parent/Guardian: Only an adult should provide the optional information below. Doing so indicates your consent to participate in a survey with this program.

I would participate in a survey.	Send information on other programs.
Parent/Guardian Name	Phone Number
Email	
Street Address	
City	Zip

Items in your kit should be installed only by an adult or with adult supervision.