

Teacher ID	Teacher Name	Student First Name Last Initial

Home Energy Worksheet

You may choose to complete this form at **thinkenergy.org/XcelEnergy** or just scan the QR code. Online submissions require the teacher ID.

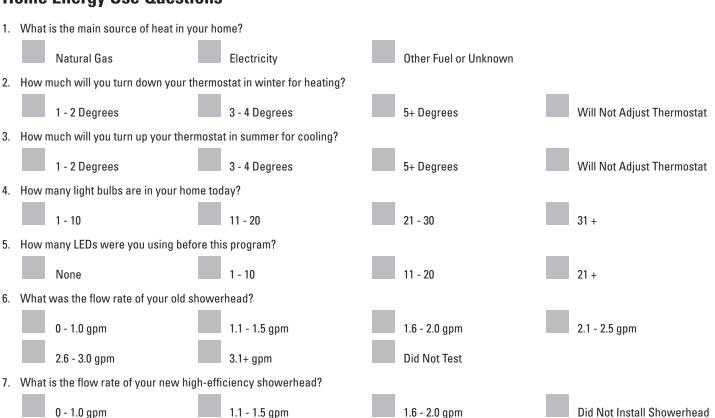
If you do not know the answer to a question, leave it blank.



Installation Information

	Installed	Will Install Later	Will Never Install
Showerhead			
Bathroom Faucet Aerator			
Kitchen Faucet Aerator			
9 W LED Bulb			
9 W LED Bulb			
9 W LED Bulb			
9 W LED Bulb			
Filter Whistle			
Night Light			

Home Energy Use Questions



8.	. How is your water heated? (Hint: Look for a power cord for an electric heater or a gas line for a natural gas water heater.)									
	Natural Gas Electri	city		Propane or Other Method						
9.	Did you change the setting of your water heater?									
	Yes, I Lowered It Yes, I F	Plan to Lower It		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 the way you use energy in your home?										
	Yes No									
11.	11. Were the kit and products easy for you and your child to install and use?									
	Yes No									
12.	12. Will you continue to use the kit items after the completion of the program?									
	Yes No									
13.	Would you like to see this program continued in lo	cal schools?								
	Yes No									
Do you have comments about this program you would like to share with Xcel Energy? (favorite aspect, etc.)										
Items in your kit should be installed only by an adult or with adult supervision. 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	3				
Pa	rent/Guardian Name			Phone Number						
En	ail									
St	reet Address									
Cit	У	State				Zip				