

Teacher ID

Teacher Name

Student First Name, Last Initial

## Home Energy Worksheet

You may choose to complete this form at thinkenergy.org/XcelEnergy or scan the QR code. 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
Shower Head			
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**

1.	Vhat is the main source of heat in your home?					
	Natural Gas	Electricity		Other Fuel or Unknown		
2.	How much will you turn down your thern	nostat in winter for heating?				
	1 - 2 Degrees	3 - 4 Degrees		5+ Degrees		Will Not Adjust Thermostat
3.	How much will you turn up your thermos	tat in summer for cooling?				
	1 - 2 Degrees	3 - 4 Degrees		5+ Degrees		Will Not Adjust Thermostat
4.	How many light bulbs are in your home t	oday?				
	1 - 10	11 - 20		21 - 30		31+
5.	How many LEDs were you using before t	his program?				
	None	1 - 10		11 - 20		21+
6.	6. What was the flow rate of your old showerhead?					
	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		



7.	What is the	low rate of your new high-	efficiency showerhe	ad?					
	0 - 1.	) gpm	1.1 - 1.5 gpm		1	1.6 - 2.0 gpm	2.1 - 2.5 gpm		
8.	How is you	r water heated? (Hint: Look	for a power cord for	r an electric hea	iter or	a gas line for a natural gas v	water heater.)		
	Natu	ral Gas	Electricity		F	Propane or Other Method			
9.	Did you cha	ange the setting of your wa	ter heater?						
	Yes,	lowered it	Yes, I plan to lov	wer it	١	Yes, I raised it	Yes, I plan to raise it		
	No								
W	<b>Program Questions</b> 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 particip	ation in this program chang	ged the way you use	energy in your h	nome?	?			
	Yes		No						
11.	11. Were the kit and products easy for you and your child to install and use?								
	Yes No								
12.	Will you con	tinue to use the kit items a	fter the completion o	f the program?					
	Yes		No						
13.	13. Would you like to see this program continued in local schools? Yes No								
D	o you have co	omments about this progra	m you would like to s	hare with Xcel E	Energy	y? (favorite aspect, etc.)			
To Xo	participate i cel Energy, pl	ease fill out the parent/gua	on your experience Irdian information be	with this program low.		if you would like information	on additional programs offered by		
10	inent/guardian.			below. Doing so ind	incutes	your consent to participate in a s	survey with this program.		
	l wou	Ild participate in a survey.			5	Send information on other pro	grams.		
Pa	irent/Guardian	Name			F	Phone Number			
En	nail								
St	reet Address								

City