

CLASSROOM: _____



DATE: _____

Class Trash Tracker Sheet

Directions:

Please list all of the items you/your classmates throw away each day in your classroom, lunchroom, etc. for an entire week. Do not include items you place into separate bins for recycling, only items that go in garbage cans around your school.

Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	

Questions:

1. Do you recycle in your classroom? **Circle one:** YES | NO. If YES, what items do you recycle?

2. Do you reuse items in your classroom? **Circle one:** YES | NO. If YES, what items do you reuse and how?
