

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: _____ Grade: _____
Email: _____ Phone: _____
b. Team Member: _____ c. Team Member: _____
2. Title of Project: _____

3. School: _____ School Phone: _____
School Address: _____

4. Adult Sponsor: _____ Phone/Email: _____
5. Does this project need SRC/IRB/IACUC or other pre-approval? Yes No Tentative start date: _____
6. Is this a continuation/progression from a previous year? Yes No
If Yes:
 - a. Attach the previous year's Abstract **and** Research Plan/Project Summary
 - b. Explain how this project is new and different from previous years on
 Continuation/Research Progression Form (7)
7. This year's experimentation/data collection:

Actual Start Date: (mm/dd/yy) End Date: (mm/dd/yy)
8. Where will you conduct your experimentation? (check all that apply)
 Research Institution School Field Home Other: _____
9. Source of Data:
 Collected self/mentor Other Describe/url: _____
10. List name and address of all non-home and non-school work site(s):
Name: _____
Address: _____

Phone/
email _____
11. **Complete a Research Plan/Project Summary following the Research Plan/Project Summary instructions and attach to this form.**
12. **An abstract is required for all projects after experimentation.**