



Form 1 Research Plan

For All Elementary Projects

What Type of Project is This?			
<i>Please only select one</i>			
Teacher Led: <small>(only 2 presenters maximum for each project at the district fair)</small>		Student Led:	
<input type="checkbox"/> Entire Class # of participants _____	<input type="checkbox"/> Class Group # of participants _____	<input type="checkbox"/> Individual Student	<input type="checkbox"/> Student Team
Researcher/Presenter Name(s):		Grade:	
Teacher Name:			
School Name:			
Project Title:			

Project Description	
A) Question/Problem:	
B) Independent Variable:	Dependent Variable:
Controlled Variables:	
C) Procedures: <i>(step-by-step instructions on how to conduct project) Use back or another sheet if more room is needed.</i>	

Check ALL items that apply to your research <i>If any box is checked, this project requires review & approval by Patrick Hiser, District Science Specialist PRIOR to experimentation.</i>	
<input type="checkbox"/> Projects Testing Humans : require PRIOR approval with Form 2 & 2B <input type="checkbox"/> Projects Testing Animals : Require PRIOR approval with Form 4 <input type="checkbox"/> Projects that would require additional safety measures require PRIOR approval with Form 3	
For Prior Approval: District Science Specialist Signature:	Date:
For ALL Projects: School Science Coordinator Signature:	Date: