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: _____
    (if multiple schools, list of the team leader or list all schools).

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 the name and address of all non-home and non-school work site(s), whether you worked there virtually or on-site:

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.**