

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) Is this a continuation from a previous year? Yes No
If Yes:
a) Attach the previous year's **Abstract** **Form 1A** and **Research Plan**
b) Explain how this project is new and different from previous years on **Continuation Form (7)**
- 6) **This year's** laboratory experiment/data collection will begin: (must be stated (mm/dd/yy))
Projected Start Date: _____ Projected End Date: _____
(Projected dates are required for projects that require SRC/IRB prior review)
ACTUAL Start Date: _____ ACTUAL End Date: _____
- 7) Where will you conduct your experimentation? (check all that apply)
 Research Institution School Field Home Other: _____
- 8) List name and address of all non-school work site(s):
Name: _____
Address: _____

Phone: _____
- 9) **Complete a Research Plan as described on page 31 and attach to this form.**
- 10) **An abstract is required for all projects after experimentation (see page 28).**