

Student Checklist (1A)

This form is required for ALL projects.
This form must be completed by the student(s) BEFORE experimentation.

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. Where will you conduct your experimentation? (check all that apply)
☐ Research Institution ☐ School ☐ Field ☐ Home ☐ Other: _____
6. 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 _____
7. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☐ No Tentative start date: _____
8. This year's experimentation/data collection:

Actual Start Date: (mm/dd/yy) _____ End Date: (mm/dd/yy) _____
9. Is this a continuation/progression from a previous year? ☐ Yes ☐ No
a. If yes, attach the previous year's ☐ Abstract **and** ☐ Research Plan/Project Addendum
b. Explain how this project is new and different from previous years on
☐ Continuation/Research Progression Form (7); include forms for all previous years
10. Source of Data:
☐ self-collected ☐ mentor collected ☐ publicly available ☐ Other

Provide a complete Research Plan/Project Addendum with this form.