

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) Project Category _____

4) School: _____ School Phone: _____
School Address: _____

5) Adult Sponsor: _____ Phone/Email: _____

6) 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)
- 7) **This year's** laboratory experiment/data collection will begin: (must be stated (mm/dd/yy))

Projected Start Date: _____ Project End Date: _____
(Projected dates are required for projects that require SRC/IRB prior review)

ACTUAL Start Date: _____ ACTUAL End Date: _____

8) Where will you conduct your experimentation? (check all that apply)
 Research Institution School Field Home Other: _____

9) List name and address of all non-school work sites(s):

Name: _____
Address: _____
Phone: _____

10) Complete a Research Plan as described on page 31 and attach to this form.

11) Do you need electricity for your project? Yes No