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.