

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) **Describe your research in a few sentences. Include a hypothesis or engineering goals.**