

Student Checklist (1A)

This completed form is required for ALL individual projects.
Complete all sections by printing or typing all information requested.

1) Student's Name: _____ Grade: _____

Email: _____ Phone: _____

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: _____

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 (See page 32) and attach to this form.**

10) **An abstract is required for all projects after experimentation (see page 28).**