

Student Checklist (1A) - TEAM

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

- 1) a. Team Leader: _____ Grade: _____
b. Team Member: _____ c. Team Member _____
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).**