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).