Student Checklist (1A) This form is required for ALL projects.

1.	a. Student/Team Leader:		Gr	rade:	3
	Email:		Phone:		
	b. Team Member:				
2.	Title of Project:				
3.	School:		School Pho	one:	
	School Address:				
	We want to the second s				
4.	Adult Sponsor:		Phone/Ema	ail:	
5.	oes this project need pre-approval? Yes No Tentative start date:				
6.	Is this a continuation/progression from a previous year? $\ \square$ Yes $\ \square$ No If Yes:				
	a. Attach the previous year's \square Abstract and \square Research Plan				
	 Explain how this project is new and direction (7) 	fferent from	previous year	s on \square Continuation,	Research Progression
7.	This year's laboratory experiment/data o	ollection:			
3. 4. 5. 6. 7. 8.	Actual Start Date: (mm/dd/yy)		End Date: (n	nm/dd/yy)	
8.	Where will you conduct your experimentation? (check all that apply)				
	☐ Research Institution ☐ School	☐ Field	☐ Home	☐ Other:	
9. [List name and address of all non-school w	vork site(s):			
		5.5			
	dress:				
, .u				7	
Pho	one:				
10	Complete a Personal Dian/Duniest Cum		: D	and Diaminates	

- 10. Complete a Research Plan/Project Summary following the Research Plan instructions and attach to this form.
- 11. An abstract is required for all projects after experimentation.