

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: West Vincent Elem School Phone: 610-469-5108
School Address: 2750 Conestoga Rd
Chester Springs, PA 19425

4. Adult Sponsor: _____ Phone/Email: _____

5. Does this project need pre-approval? Yes No Tentative start date: _____

6. Is this a continuation/progression from a previous year? Yes No
If Yes:

a. Attach the previous year's Abstract **and** Research Plan

b. Explain how this project is new and different from previous years on Continuation/Research Progression Form (7)

7. This year's laboratory experiment/data collection:

Actual Start Date: (mm/dd/yy)

End Date: (mm/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 work site(s):

Name: _____

Address: _____

Phone: _____

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.