

## Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Ethan Howe Grade: 11th  
Email: EHowe356@gmail.com Phone: 702-354-9217  
b. Team Member: Shane Stewart c. Team Member: \_\_\_\_\_
2. Title of Project:  
Fitness Lock
3. School: Spokane Valley Tech School Phone: 509-558-6500  
School Address: 115 S University Rd, Spokane Valley, WA 99206
4. Adult Sponsor: Eugenie Farrow Phone/Email: efarrow@cvsd.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 12/31/17
6. Is this a continuation/progression from a previous year? ☐ Yes ☒ No  
If Yes:  
a. Attach the previous year's ☐ Abstract and ☐ Research Plan/Project Summary  
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:  
11/10/17 01/31/17  
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-home and non-school work site(s):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/ email: \_\_\_\_\_
10. Complete a Research Plan/Project Summary following the Research Plan/Project Summary instructions and attach to this form.
11. An abstract is required for all projects after experimentation.