

Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and DEA-controlled substances. Must be completed and signed before the start of student experimentation.

Student's Name(s) Ethan Howe Shane Stewart

Title of Project Fitness Lock

To be completed by the Qualified Scientist:

Scientist Name: Eugenie Farrow

Educational Background: Computer Science teacher

Degree(s): B.A political science B.A Buisness ed + marketing M.B.A

Experience/Training as relates to the student's area of research:

Teacher - 3 years

Software engineer

Teacher

Central Valley School District

Position:

Institution:

115 S univeristy rd, spokane valley wa

efarrow@cvsd.org

Address:

Email/Phone:

1) Have you reviewed the Intel ISEF rules relevant to this project?

☒ Yes

☐ No

2. Will any of the following be used?

a. Human participants

☒ Yes

☐ No

b. Vertebrate animals

☐ Yes

☒ No

c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products)

☐ Yes

☒ No

d. DEA-controlled substances

☐ Yes

☒ No

3. Was this study a sub-set of a larger study?

☐ Yes

☒ No

4. Will you directly supervise the student?

☒ Yes

☐ No

a. If no, who will directly supervise and serve as the Designated Supervisor? Eugenie Farrow

b. Experience/Training of the Designated Supervisor:

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research Plan/Project Summary prior to the start of the experimentation. If the student or Designated Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the Research Plan/Project Summary. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

Eugenie Farrow

Qualified Scientist's Printed Name

Eugenie Farrow
Signature

12/7/17

Date of Approval

To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.

I certify that I have reviewed the Research Plan/Project Summary and have been trained in the techniques to be used by this student, and I will provide direct supervision.

Eugenie Farrow

Designated Supervisor's Printed Name

Eugenie Farrow
Signature

12/7/17

Date of Approval

509-558-6508

Phone

efarrow@cvsd.org

Email