

TECHNOLOGY STUDENT ASSOCIATION PLAN OF WORK LOG

Date	Task	Time involved	Team member responsible (student initials)	Comments
1.				
2.				
3.				
4.				
5.				
6.				

Advisor Name: _____ Student Initials: _____

Advisor Signature: _____



STUDENT COPYRIGHT CHECKLIST (for students to complete and advisors to verify)

STUDENT: Answer question 1 below.

- 1) Does your solution to the competitive event integrate any type of music and/or sound? ☐ YES ☐ NO

If NO, go to question 2.

If YES, is the music and/or sound copyrighted? ☐ YES ☐ NO

If YES, move to question 1A. If NO, move to question 1B.

- 1A) Have you asked for author permission to use the music and/or sound in your solution and included that permission (letter/form) in your documentation? If YES, move to question 2. If NO, ask for permission and if permission is granted, include the permission in your documentation.
- 1B) Is the music/sound royalty free, or did you create the music/sound yourself? If YES, cite the royalty free music/sound OR your original music/sound properly in your documentation.

CHAPTER ADVISOR: Sign below regarding your student's answer(s) to the use of music/sound in his/her competitive event solution. Even if your student answers "NO" to question 1, please sign below noting that you have evaluated the competitive event solution and the student answered the question(s) accurately.

I, _____ (chapter advisor), have checked my student's solution and confirm that any use of music/sound is done so with proper permission and is cited correctly in the student's documentation and/or the solution has been found to have no music/sound included.

STUDENT: Answer question 2 below.

- 2) Does your solution to the competitive event integrate any graphics/videos? ☐ YES ☐ NO

If NO, go to question 3.

If YES, is(are) the graphics/videos copyrighted, registered and/or trademarked? ☐ YES ☐ NO

If YES, move to question 2A. If NO, move to question 2B.

- 2A) Have you asked for author permission to use the graphics and/or videos in your solution and included a permission (letter/form) in your documentation for graphic/video used? If YES, move to question 3. If NO, ask for permission and if permission is granted, include the permission in your documentation.
- 2B) Is(are) the graphics/videos royalty free, or did you create your own graphic? If YES, cite the royalty free graphics/videos OR your own original graphics/videos properly in your documentation.

CHAPTER ADVISOR: Sign below regarding your student's answer(s) to the use of graphics/videos in his/her competitive event solution. Even if your student answers "NO" to question 2, please sign below noting that you have evaluated the competitive event solution and the student answered the question(s) accurately.

I, _____ (chapter advisor), have checked my student's solution and confirm that the use of graphics/videos with proper permission and is cited correctly in the student's documentation and/or the solution has been found to have no graphics/videos included.

STUDENT: Answer question 3 below.

- 3) Does your solution to the competitive event use another's thoughts or research? ☐ YES ☐ NO

If NO, this is the end of the checklist.

If YES, have you properly cited other's thoughts or research in your documentation? ☐ YES ☐ NO

CHAPTER ADVISOR: Sign below regarding your student's answer(s) to having integrated any thoughts/research of others in his/her competitive event solution. Even if your student answers "NO" to question 3, please sign below noting that you have evaluated the competitive event solution and the student answered the question(s) accurately.

I, _____ (chapter advisor), have checked my student's solution and confirm that the use of the thoughts/research of others is done so with proper permission and is cited correctly in the student's documentation and/or the solution has been found to have all original thought with no use of other's thoughts/research.

Student Name: _____

Chapter Advisor Signature: _____

PHOTO/FILM/VIDEO CONSENT AND RELEASE

I hereby give permission for images of my child or myself (as applicable), captured during Technology Student Association (TSA) activities through film, photo or digital camera, to be used solely for the purposes of TSA promotional materials and publications, and I waive any rights of compensation or ownership thereto.

Name of Minor in Images (please print)

Name of Minor's Parent/Guardian (please print)

Name of Adult in Images (please print)

Parent/Guardian or Adult's Signature (as applicable)

Date

NEW COMPETITIVE EVENT PROPOSAL

New proposals may only be submitted by a chapter or state advisor or TSA alumni. Please attach any additional pages as necessary.

Name of Competitive Event: _____

Level: ☐ High School ☐ Middle School

Overview (description of the event and participant expectations):

Eligibility for entry (how many teams/individuals can participate):

Limitations (such as time or entry submission requirements):

Resources (i.e. are the resources a limiting factor, or are they affordable/readily available to all populations? Can this be executed at the national level?):

Specific regulations:

Required personnel:

Alignment with STEM standards (how does this align with STEM standards?):

What are the societal benefits for learning this information? How can this be applied in a real world context?

Do you know of a TSA Chapter, at the regional or state level, that executes this event at conferences? If so, whom?

Name

Date

Email

Phone Number

How are you affiliated with TSA? ☐ Chapter Advisor ☐ Alumni ☐ Other: _____

Mail to: CRC, c/o National TSA, 1904 Association Drive, Reston, VA 20191-1540; Email to: general@tsaweb.org

EVENT REVISION SUGGESTION

As TSA expands its membership and participation in competitive events increases, competitive events may require revision. TSA consistently tracks and monitors misinterpretations and strives to revise the guide to improve clarity. TSA encourages input so that competitive events continue to improve. Use this form to note how outcomes for competitive events may be improved.

Competitive Event: _____

Level: ☐ High School ☐ Middle School

Note a reference to the exact section and page number (if applicable): _____

Specifically state the suggestion. List exactly what should be deleted, replaced, and/or added to the event rule or procedure.

Provide a rationale and list the pros and cons of this proposed update.

In your opinion, will the update to this event change the space requirements at the conference? ☐ YES ☐ NO
If yes, provide your rationale.

In your opinion, will the update to this event require additional resources? ☐ YES ☐ NO
If yes, provide your rationale.

Enter any additional comments

Print Name Signature Date

State Advisor's Name Signature Date

Contact Email Contact Phone

Mail to: CRC, c/o National TSA, 1904 Association Drive, Reston, VA 20191-1540; Email to: general@tsaweb.org



RULES INTERPRETATION PANEL GRIEVANCE

Site of National TSA Conference _____

Advisor's Name _____

School Name _____

State _____

Competitive Event (including level) _____

Student or Team Identification Number _____

STATEMENT OF CONCERN (Please print or type.)

Signature of Advisor Date

Signature of State Advisor Date

The decisions of the Rules Interpretation Panel (RIP) at the National Conference are final.

RULES INTERPRETATION PANEL RESPONSE TO GRIEVANCE

PANEL MEMBERS

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Site of National TSA Conference _____

Date _____

Competitive Event (including level) _____

Student or Team Identification Number _____

Advisor's Name _____

STATEMENT OF RESPONSE

The decisions of the Rules Interpretation Panel (RIP) at the National Conference are final.

