

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Kate Weseley-Jones Grade: 11
Email: weseleyjonesk@live.northshoreschools.org Phone: (516) 676-8907
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Parenthood: Penalty or Premium? The Effect of Parental Status and Gender on Perceptions of Doctors
3. School: North Shore High School School Phone: (516) 277-7000
School Address: 450 Glen Cove Ave., Glen Head, NY 11545
4. Adult Sponsor: Dr. Molly Mordechai Phone/Email: (516) 277-7063/mordechaim@northshoreschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 06/01/19
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:
06/25/19 11/17/19
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: Online
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.