

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: David Frank Grade: 12
 Email: davidgriffinfrank@gmail.com Phone: 516 368-5400
 b. Team Member: _____ c. Team Member: _____
2. Title of Project: _____

3. School: John F. Kennedy High School School Phone: 516 992-1400
 School Address: 3000 Bellmore Avenue
Bellmore, NY 11710
4. Adult Sponsor: Barbi Frank Phone/Email: bfrank@bellmore-merrick.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other 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/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:
1/5/2019 10/19/2019
 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: Local Italian Restaurant
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.