

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) Michael Doboli

Title of Project Novel Smart Algorithms to Assist and Encourage STEM Group Participation among members with Autism Spectrum Disorders

To be completed by the Qualified Scientist:

Scientist Name: Alex Doboli

Educational Background: PhD

Degree(s): Computer Science & Computer Engineering

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

Research, professor in computing systems / Ph.D. in computer science and engineering;

Professor

Stony Brook University

Position:

Institution:

100 Nicolls Rd, Stony Brook, NY 11794

alex.doboli@stonybrook.edu

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?

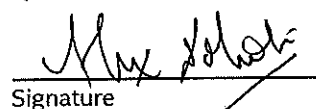
b. Experience/Training of the Designated Supervisor:

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.

Alex Doboli

Qualified Scientist's Printed Name



Signature

08/20/2019

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.

Designated Supervisor's Printed Name

Signature

Date of Approval

Phone

Email