

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Julia Kindler Grade: 12  
Email: kindlerj@harrisoncsd.org Phone: 914-355-1823  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
The Effect of the Presence of a Smartphone and Smartphone Usage on Concentration Levels and Aca
3. School: Harrison High School School Phone: 914-835-3300  
School Address: 255 Union Avenue  
Harrison NY, 10528
4. Adult Sponsor: Allison Blunt Phone/Email: blunta@harrisoncsd.org
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:  
09/12/19 10/29/19  
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: \_\_\_\_\_
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.