

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Gayatri Ratakonda Grade: 12
Email: gayatri.ratakonda@yorktown.org Phone: 9142153252
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Analyzing CNA Patterns to Determine the Efficacy of Breast Cancer Treatment
3. School: Yorktown High School School Phone: 914-243-8000
School Address: 2727 Crompond Rd
Yorktown Heights NY 10598
4. Adult Sponsor: Michael Blueglass Phone/Email: yorktownhusker@gmail.com
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:
7-9-19 8-22-19
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.