

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: MARIAM QURAISHI Grade: 12
Email: mariamzguraishi@gmail.com Phone: 718-219-0703
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
The Effect of Sibling Status of Adolescents with Autism Spectrum Disorder on Symptom Severity and Social Development
3. School: Ward Melville High School School Phone: (631)-730-4900
School Address: 380 Old Town Rd, Setauket - East Setauket, NY 11733
4. Adult Sponsor: Dr. Marnie Kula Phone/Email: mkula@3villagecsd.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:
01/07/19 11/06/19
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: Social Competence & Treatment Lab
Address: Department of Psychology, Psych. A-140
Stony Brook University, Stony Brook, NY 11794-2500
Phone/email: 631-632-7660/631-632-7857
LernerLab@stonybrook.edu
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.