

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Jaime Levin Grade: 12
Email: jaimelevin54@gmail.com Phone: 516-655-3626
b. Team Member: _____ c. Team Member: _____
2. Title of Project: Categorizing geocoded anti-vaccination tweets in urban areas using Latent Dirichlet Allocation and Dictionary Based Modeling
3. School: Schreiber High School School Phone: 516-767-5800
School Address: 101 Campus Drive
4. Adult Sponsor: Elizabeth Thomas Phone/Email: 516-767-5941
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 5/1/19
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:
5/11/19 9/7/19
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: SUNY Downstate Medical Center
Address: 450 Clarkson Avenue
Phone/email: 718-270-1000
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.