## Student Checklist (1A) This form is required for ALL projects.

Email: Aylandagate 123 @ gmail. Com Phone: (631)-388-3495  b. Team Member: C.	1	a. Student/Team Leader: Dylan D'Agate Grade: 10
b. Team Member:		Fmail: dylandagate 123@gmail. Com Phone: (634)-388-3495
2. Title of Project:  It's in the Genes, A Comparison of Drought Response Genes Between Drought Tolerand and Drought Sensitive Flants Through RNA-SE & METHODS  3. School: Half Hollow H:lls- East School Phone: (631) 572-3100  School Address: 50 Vanderbilt PRWY, Dix Hills, NY 11746  4. Adult Sponsor: Dr. Michael Lake Phone/Email: (631) 572-3142  5. Does this project need SRC/IRB/IACUC or other pre-approval? If yes In No Tentative start date: 7/8/19  6. Is this a continuation/progression from a previous year? If yes In 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  In Continuation/Research Progression Form (7)  7. This year's laboratory experiment/data collection:  07/08/19		
School Half Hollow Hills - East School Phone: (631) 572 - 3100  School Address: 50 Vanderbilt PKWY, Dix Hills, NY 11746  4. Adult Sponsor: Dr. Michael Lake Phone/Email: (631) 572 - 3142  5. Does this project need SRC/IRB/IACUC or other pre-approval? If Yes IN No Tentative start date: 7/8/19  6. Is this a continuation/progression from a previous year? If Yes IN No If Yes:  a. Attach the previous year's In Abstract and In Research Plan/Project Summary b. Explain how this project is new and different from previous years on In Continuation/Research Progression Form (7)  7. This year's laboratory experiment/data collection:  OT/O8/19 Actual Start Date: (mm/dd/yy)  8. Where will you conduct your experimentation? (check all that apply)  Research Institution In School In Field In Home In Other:  9. List name and address of all non-home and non-school work site(s):  Name: Stony Brook University  100 Nicells Rd.  Stony Brook NY 11794  Phone/ (631) 432 - 6000	2.	
School Half Hollow Hills - East School Phone: (631) 572 - 3100  School Address: 50 Vanderbilt PKWY, Dix Hills, NY 11746  4. Adult Sponsor: Dr. Michael Lake Phone/Email: (631) 572 - 3142  5. Does this project need SRC/IRB/IACUC or other pre-approval? If Yes IN No Tentative start date: 7/8/19  6. Is this a continuation/progression from a previous year? If Yes IN No If Yes:  a. Attach the previous year's In Abstract and In Research Plan/Project Summary b. Explain how this project is new and different from previous years on In Continuation/Research Progression Form (7)  7. This year's laboratory experiment/data collection:  OT/O8/19 Actual Start Date: (mm/dd/yy)  8. Where will you conduct your experimentation? (check all that apply)  Research Institution In School In Field In Home In Other:  9. List name and address of all non-home and non-school work site(s):  Name: Stony Brook University  100 Nicells Rd.  Stony Brook NY 11794  Phone/ (631) 432 - 6000		•
School Address: 50 Vanderbilt PKWY, Dix Hills, PY 11796  4. Adult Sponsor: Dr. Michael Lake Phone/Email: (631) 572 - 3142  5. Does this project need SRC/IRB/IACUC or other pre-approval? If Yes No Tentative start date: 7/8/19  6. Is this a continuation/progression from a previous year? If 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  If Continuation/Research Progression Form (7)  7. This year's laboratory experiment/data collection:  O7/08/19  Actual Start Date: (mm/dd/yy)  8. Where will you conduct your experimentation? (check all that apply)  Research Institution If School If Field Home Other:  9. List name and address of all non-home and non-school work site(s):  Name: Stony Brook University  / OO Nicoll's Rd.  Stony Brook, NY 11794  Phone/ (631) 632 - 6000	1	and Drought Sensitive Plants Through RNA-SED METHODS
4. Adult Sponsor: Dr. Michael Lake Phone/Email: (631) 572 - 3142  5. Does this project need SRC/IRB/IACUC or other pre-approval? The Yes No Tentative start date: 7/8/19  6. Is this a continuation/progression from a previous year? Yes No Tentative start date: 7/8/19  6. Is this a continuation/progression from a previous year? 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:  O7/O8/19/ Actual Start 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: Story Brook University  //O Nicell's Rd.  Story Brook, NY 11794  Phone/ (631) 632 - 6000	3.	School: Half Hollow Hills - East School Phone: (631) 3 72 - 3100
4. Adult Sponsor: Dr. Michael Lake Phone/Email: (631) 572 - 3142  5. Does this project need SRC/IRB/IACUC or other pre-approval? The Yes No Tentative start date: 7/8/19  6. Is this a continuation/progression from a previous year? Yes No Tentative start date: 7/8/19  6. Is this a continuation/progression from a previous year? 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:  O7/O8/19/ Actual Start 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: Story Brook University  //O Nicell's Rd.  Story Brook, NY 11794  Phone/ (631) 632 - 6000		School Address: 50 Vanderbilt PKWY, Dix Hills, NY 11746
5. Does this project need SRC/IRB/IACUC or other pre-approval?  Yes No Tentative start date: 7/8/19  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:  O7/08/19  Actual Start Date: (mm/dd/yy)  8. Where will you conduct your experimentation? (check all that apply)  Research Institution  School  Home Other:  9. List name and address of all non-home and non-school work site(s):  Name: Stony Brook University  /// Address:  Stony Brook, NY 11794  Phone/ (631) 632 - 6000		
5. Does this project need SRC/IRB/IACUC or other pre-approval?  Yes No Tentative start date: 7/8/19  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:  O7/08/19  Actual Start Date: (mm/dd/yy)  8. Where will you conduct your experimentation? (check all that apply)  Research Institution  School  Home Other:  9. List name and address of all non-home and non-school work site(s):  Name: Stony Brook University  /// Address:  Stony Brook, NY 11794  Phone/ (631) 632 - 6000	4.	Adult Sponsor: Dr. Michael Lake Phone/Email: (631) 592 - 3142
6. Is this a continuation/progression from a previous year?		_ f
a. Attach the previous year's	6,	Is this a continuation/progression from a previous year? ☐ Yes 🗖 No
□□ Continuation/Research Progression Form (7)  7. This year's laboratory experiment/data collection:  O7   08   19   16   23   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: Stony Brook University  Address:   Stony Brook Ny 11794    Phone/ (631) 632 - 6000		a. Attach the previous year's 🔲 Abstract and 🔛 Research Plan/Project Summary
Actual Start Date: (mm/dd/yy)  8. Where will you conduct your experimentation? (check all that apply)  Research Institution		
Actual Start Date: (mm/dd/yy)  8. Where will you conduct your experimentation? (check all that apply)  Research Institution	7.	This year's laboratory experiment/data collection:
Actual Start Date: (mm/dd/yy)  8. Where will you conduct your experimentation? (check all that apply)  Research Institution		07/08/19 10/23/19
Research Institution		•
Research Institution		
9. List name and address of all non-home and non-school work site(s):  Name: Stony Brook University  Address: Stony Brook, NY 11794  Phone/ (631) 632 - 6000	8.	
Name: Stony Brook University  100 Nicolls Rd.  Stony Brook, NY 11794  Phone/ (631) 632 - 6000		Research Institution  School  Field  Home  Other:
Name: Stony Brook University  100 Nicolls Rd.  Stony Brook, NY 11794  Phone/ (631) 632 - 6000	9. List name and address of all non-home and non-school work site(s):	
Address: 100 Nicolls Rd.  Story Brook, NY 11794  Phone/ (631) 632 - 6000		ame: Stony Brook University
Phone (631) 632 - 6000	Ad	dress: 100 Nicoll's Rd.
Phone (631) 632 - 6000		Story Brook, NY 11794
		one/ (631) 632 - 6000
<ol> <li>Complete a Research Plan/Project Summary following the Research Plan/Project Summary instructions and attach to this form.</li> </ol>		. Complete a Research Plan/Project Summary following the Research Plan/Project Summary instructions

Page 31

11. An abstract is required for all projects after experimentation.