

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Anna Rentz Grade: 12  
Email: annarentz1008@gmail.com Phone: 631-459-6715  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Assessing the Contaminants in Drinking Water
3. School: West Islip High School School Phone: (631) 893-3250  
School Address: 1 Lions Path  
West Islip, NY 11795
4. Adult Sponsor: Mary Kroll Phone/Email: (631) 893-3250 / m.kroll@wi.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 01/02/19
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:  

<u>Jan. 3, 2019</u>	<u>Dec. 12, 2019</u>
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.**