

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Nellie Fisher Grade: 12
Email: fishern@harrisoncsd.org Phone: (914) 522-7665
b. Team Member: Bailey Fisher c. Team Member: _____
2. Title of Project:
Creating a Wearable Device to help Parkinson's Patients Maintain an Upright Seated Position
3. School: Harrison High School School Phone: (914) 835-3300
School Address: 255 Union Ave, Harrison, NY 10528
4. Adult Sponsor: Allison Blunt Phone/Email: blunta@harrisoncsd.org
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:
09/14/19 12/11/19
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.