1. a. Student/Team Leader: _Yash Gupta_   Grade: _11_

    Email: _gyash3354@gmail.com_   Phone: _(631) 896-2991_

    b. Team Member: _Atreya Rawat_   c. Team Member: _Collin Li_

2. Title of Project:

    A proposal of deep-learning-based Magic Mirror modules to identify specific health aspect

3. School: _Half Hollow Hills High School West_   School Phone: _(631) 592-3200_

    School Address: _375 Wolf Hill Rd, Dix Hills, NY 11746_

4. Adult Sponsor: _Michael Lake_   Phone/Email: _mlake@hhh.k12.ny.us_

5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: _07/01/19_

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:

    _07/01/19_   _01/15/20_

    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: _343 New Computer Science_   _Stony Brook, NY 11794_

    Phone/email: _mferdman@cs.stonybrook.edu_   _(631) 632-8449_

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.**