

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Ashley Cammiso Grade: 12
Email: ajcammiso@gmail.com Phone: 1 (516) 532-1841
b. Team Member: N/A c. Team Member: N/A
2. Title of Project:
The Effect of Cell-Cell Communication on the Polarization of the Lateral Line of Zebrafish
3. School: John F. Kennedy High School School Phone: 1 (516) 992-1400
School Address: 3000 Bellmore Ave, Bellmore NY 11710
4. Adult Sponsor: Dr. A. James Hudspeth Phone/Email: 1 (212) 327-7351/ hudspaj@rockefeller.edu
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:
08-11-19 08-23-19
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: Rockefeller University, Laboratory of Sensory Neuroscience
Address: 1230 York Ave, NY 10065
Phone/
email 1 (212) 327-8000
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.