

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Sanjana Ahmed Grade: 12th
Email: sahmed1275@gmail.com Phone: 516-384-0437
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Volumetric Measurements Offer a Differential Diagnosis of Schizophrenia from Related Disorders
3. School: WT Clarke High School School Phone: (516) 876-7451
School Address: 740 Edgewood Drive, Westbury NY, 11590
4. Adult Sponsor: Erika Rotolo Phone/Email: erotolo@emufsd.us
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:
06/26/2019 09/30/19
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 Hospital
101 Nicolls Rd, Stony Brook, NY 11794
Address: _____
Phone/
email (631) 444-5437
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.