

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Jordan Klein Grade: 12  
Email: jordanharthklein@gmail.com Phone: 631-751-7221  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Prevalence of Tick-Borne Diseases in Fire Island Deer Ticks
3. School: Ward Melville High School School Phone: 631-730-4900  
School Address: 380 Old Town Road  
East Setauket, NY 11733
4. Adult Sponsor: Marnie Kula Phone/Email: mkula@3villagecsd.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:  
01/07/19 11/06/19  
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: Centers for Molecular Medicine  
Address: Centers for Molecular Medicine  
Stony Brook, NY 11790  
Phone/ email: (631) 632-4225
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.