

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Katherine St George Grade: 12
Email: katherinejstgeorge@gmail.com Phone: 6319658931
b. Team Member: N/A c. Team Member: N/A
2. Title of Project:
The Ketogenic Diet Ameliorates the Effects of Caffeine in Seizure Susceptible
Prosophtia melanogaster
3. School: John F. Kennedy High School School Phone: 5169921400
School Address: 3000 Bellmore Ave
Bellmore, NY 11710
4. Adult Sponsor: Ms. Barbi Frank Phone/Email: 5169651524/bfrankasr@gmail.com
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 6/24/19
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:
06/25/19 09/14/19
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: CW Post Campus of Long Island University
Address: 720 Northern Blvd
Greenvale, NY 11548
Phone/
email: 516 299 2900
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.