

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Emma Guarini Grade: 12
Email: emma.guarini@yorktown.org Phone: (914)-420-8049
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
The Social Effect of Linguistic Alignment on Speech Production and Comprehension
3. School: Yorktown High School School Phone: (914)-243-8050
School Address: 2727 Crompond Road, Yorktown Heights, NY 10598
4. Adult Sponsor: Michael Blueglass Phone/Email: yorktownhusker@gmail.com
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 06/01/19
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:
06/01/19 09/01/19
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: _____
Address: _____
Phone/ email: _____
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.