

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Ava Fasciano Grade: 12
Email: ava.fasciano@me.com Phone: (516) 713-6334
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Changing Perspectives: A simple method for improving numerical estimation and reducing overconfidence
3. School: Paul D. Schreiber HS School Phone: (516) 767-5800
School Address: 101 Campus Drive Port Washington, NY 11050
4. Adult Sponsor: Elizabeth Thomas Phone/Email: ethomas@portnet.org
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:
June 06/01/19 10/01/19
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: Microsoft Research (MSR)
Address: 641 6th Ave
New York, NY 10011
Phone/
email: dgg@microsoft.com
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.