

## Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Sreeya Bobby Grade: 11  
Email: sreeyabobby@gmail.com Phone: 516-668-9202  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Sleep Restriction Leads to Increased Production of False Memories
3. School: Valley Stream South High School School Phone: 516-791-0386  
School Address: 150 Jedwood Pl, Valley Stream, NY 11581
4. Adult Sponsor: Jeffrey Hsi Phone/Email: jeffhsi@gmail.com
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 06/03/19
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:  
06/08/19 08/07/19  
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.**