

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Nistha Boghra Grade: 11
Email: nboghra2@yahoo.com Phone: (631)588-7509
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Gray Matter Changes in Cerebral Development
3. School: Sachem High School North School Phone: _____
School Address: 212 Smith Road
Ronkonkoma NY 11779
4. Adult Sponsor: Gregg McGrath Phone/Email: gmcgrath@sachem.edu
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:
7/1/2019 9/1/2019
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: Stony Brook University Hospital Radiology I
101 Nicolls Rd 4
Address: Stony Brook, NY 11794
Phone/
email (631) 638-2121
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.