

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Aleena Uddin Grade: 11
Email: aleenauddin@gmail.com Phone: 7188380078
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Evaluation of Academic Stress on Intellectual Performance through the Stroop Effect
3. School: Valley Stream Central High School School Phone: 5165614493
School Address: 135 Fletcher Ave. Valley Stream NY 11580
4. Adult Sponsor: Robert Hildebrand Phone/Email: hildebr@vschsd.org
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:
11/27/19 01/06/20
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.