

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Ritvik Yaparpalvi Grade: 11th
Email: ritvik@parvi.com Phone: 914-473-7563
b. Team Member: _____ c. Team Member: _____

2. Title of Project:
Evaluating TIMP as a form of Upper Limb Function Rehabilitation

3. School: Ardsley High School School Phone: 914-295-5800
School Address: 300 Farm Rd, Ardsley, NY 10502

4. Adult Sponsor: Diana Evangelista Phone/Email: 914-295-5932/Devangelista@ardsleyschools.org

5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 7/15/19

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:

07/30/19

Actual Start Date: (mm/dd/yy)

09/27/19

End Date: (mm/dd/yy)

8. Where will you conduct your experimentation? (check all that apply)

☒ Research Institution ☐ School ☐ Field ☐ Home ☒ Other: Rehabilitation Center

9. List name and address of all non-home and non-school work site(s):

Name: Wartburg Nursing Care

Address: 1 Station Pl, Mt Vernon, NY 10552

Phone/
email: (914) 573-5569

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.