

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Jordan Walsh Grade: 11
Email: jmw Walsh002@gmail.com Phone: (631) 559-4402
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
HUMAN ACTIVITY RECOGNITION USING WIFI CHANNEL STATE INFORMATION (CSI)
3. School: Commack High School School Phone: (631) 912-2100
School Address: 1 Scholar Lane
Commack, NY 11725
4. Adult Sponsor: Jeanette Collette Phone/Email: (631) 912-2259/jcollette@commack.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 7/2/19
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:
7/2/19 8/19/19
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: New York Institute of Technology
101 Northern Boulevard
Address: Old Westbury, NY 11568
Phone/
email: (516) 686-1000/asknyit@nyit.edu
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.