

## Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Cheryl Chang Grade: 12  
Email: Cheryl & Cheryl@hotmail.com Phone: (516) 996-8699  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Suggesting possible functions of GABRB3 and establishing a connection between GABRB3 absence and the onset of Autism spectrum disorder
3. School: Paul D. Schreiber High School School Phone: (516) 767-5800  
School Address: 101 Campus Drive, Port Washington, NY 11050
4. Adult Sponsor: \_\_\_\_\_ Phone/Email: \_\_\_\_\_
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 01/09/2019
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:  
\_\_\_\_\_  
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.