

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Ashley O'Neill Grade: 12th
Email: ashley-pinkgirl@hotmail.com Phone: 1(516)-398-7492
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Comfortable Breathing Duration as an Index of Efficacy of Opioids
3. School: Paul D. Schreiber High School School Phone: 1 (516) - 767 - 5800
School Address: 101 Campus Drive, Port Washington, NY 11050
4. Adult Sponsor: Ms. Tina Gallagher Phone/Email: tgallagher@portnet.org(516)-767-5953
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:

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: NYU Courant Institute of Mathematical Sciences
Address: 251 Mercer Street
New York, NY 10012-1185
Phone/ email: (212) 998-3018 / shasha.courant.nyu.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.