# Student Checklist (1A)
## This form is required for ALL projects.

1. a. Student/Team Leader: __Michael Doboli__  Grade: __11__

   Email: __dobolim@gmail.com__  Phone: __1-631-617-1891__

   b. Team Member: _____  c. Team Member: _____

2. Title of Project:

   Novel Smart Algorithms to Assist and Encourage STEM Group Participation among members with Autism Spectrum Disorders

3. School: __Saint Anthony's High School__  School Phone: __1-631-271-2020__

   School Address: __275 Wolf Hill Road, South Huntington, NY, 11747__

4. Adult Sponsor: __Mr. Paul Paino__  Phone/Email: __ewres@hotmail.com__

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:

   __10/25/19__  __1/4/20__
   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: __Stony Brook University__  _____

   Address: __100 Nicolls Rd, Stony Brook, NY 11794__  _____

   Phone/ email __alex.doboli@stonybrook.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.**