

## Student Checklist (1A)

This form is required for ALL projects.

- 1) a. Student/Team Leader: Ima Student Grade: 10  
Email: ima.student@myhighschool.k12.de.us Phone: 302 000 0000
- b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
- 2) Title of Project: The Effect of Pregnancy on Posture  
\_\_\_\_\_
- 3) School: My High School School Phone: 302 000 0000  
School Address: 12345 School Road  
Localtown, DE 199XX
- 4) Adult Sponsor: Classroom Teacher Phone/Email: c.teacher@myhighschool.k12.de.us
- 5) Is this a continuation from a previous year?  Yes  No  
If Yes:  
a) Attach the previous year's  Abstract and  Research Plan  
b) Explain how this project is new and different from previous years on  Continuation Form (7)
- 6) **This year's** laboratory experiment/data collection: (must be stated (mm/dd/yy))  
Start Date: 10/01/12 End Date: 12/31/12  
(mm/dd/yy) (mm/dd/yy)
- 7) Where will you conduct your experimentation? (check all that apply)  
 Research Institution  School  Field  Home  Other: \_\_\_\_\_
- 8) List name and address of all non-school work site(s):  
Name: My Home  
Address: 3259 My Street  
Localtown, DE 199XX  
Phone: 302 456 7891
- 9) Complete a Research Plan following the Research Plan instructions and attach to this form.
- 10) An abstract is required for all projects after experimentation.