Form 1 checklist for Adult Sponsor

Student’s Name: Full Name

Project Title: Get from your student

1. Check rules and guidelines at [www.societyforscience.org](http://www.societyforscience.org)
2. Check
3. Check
4. Skip this one
5. Check items to be completed, check Adult Sponsor, check Research Plan, check Student checklist, check Approval Form---don’t check Regulated Research, don’t check Continuation
6. Skip Humans, skip vertebrate animals, skip potentially hazardous biological agents, CHECK hazardous chemicals, activities, devices, check risk assessment, DON’T check qualified scientist

Ms. Brandon will sign, date, give phone and email address at school

Form 1A Student Checklist

1. Student: Full Name Grade: 6

Email: either student’s or parent’s/guardian’s Phone: either student’s or parent’s/guardian’s

(Please let your student know if they can use their own phone and email address or if they should use yours)

1. Title of Project: Same as Adult Sponsor form
2. School: St. Lucie West K-8 School Phone: 772-785-6630

School Address: 1501 SW Cashmere Blvd., Port St. Lucie, FL 34986

1. Adult Sponsor: Ms. Brandon Phone/email: 772-785-6630/Deborah.brandon@stlucieschools.org
2. 5) check NO, skip 5a and 5b
3. Start date: 09/16/2014 End date: 11/07/2014
4. Check either Field, Home or Other (fill in the blank)
5. If done at home, put home address, if done at park, put name and address of park, etc. /put home telephone number or look up number of parks and rec dept.
6. Research plan cheat sheet included in packet
7. Abstract will be done in November

Research plan instructions-read for information

Research Plan

1. Purpose-this is the question being asked in experiment
2. Hypothesis-this is the student’s educated guess/prediction of what will happen in experiment. Should be in if….., then…… format
3. 1. Step-by-step instructions/procedures for the experiment

2. How will analysis be done?

 D) Sources used for researching the project

Form 1B Approval

1. A) Student’s printed full name Student’s signature Date (09/14/2014)

B) Parent’s printed full name Parent’s signature Date (09/16/2014)

Skip the rest of the form

Form 3 Risk Assessment

Student’s Name: Full name

Title of Project: Same as on other forms

1. List any possible hazardous activities or devices in experiments. Risks associated with above hazardous activities or devices
2. Safety precautions-students have been told to use our books in classroom or to look on internet
3. Disposal-find on internet
4. Where they found the information

Nothing may not be left blank or say “nothing” or “not applicable.” Something must be listed. (I have given students examples)

Parents will complete the box at the bottom, with signature and date (09/16/2014)