



# 2014 Fort Worth Regional Science and Engineering Fair Checklist Form

Student name: (Last): \_\_\_\_\_ (First): \_\_\_\_\_

County Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

√ = Form Present/ Item Complete

X = Item(s) Missing or Incomplete

\_\_ = n/a

Media Release Form (**REQUIRED**) \_\_\_\_\_

Abstract & Certification (**REQUIRED**)

[ ] Item 1 Header (Title, Finalist name, School, City, & State) \_\_\_\_\_

[ ] Item 2 Abstract (Purpose, Method, Data, & Conclusion) \_\_\_\_\_

[ ] Item 3 Category Box \_\_\_\_\_

[ ] Item 4 Question 1 (if applicable) \_\_\_\_\_

[ ] Item 5 Questions 2-5 \_\_\_\_\_

[ ] Item 6 Student's Signature and Date \_\_\_\_\_

Form 1: Checklist for Adult Sponsor (**REQUIRED**)

[ ] Item 1 Student's name, project title \_\_\_\_\_

[ ] Item 2 Question 1-3  \_\_\_\_\_

[ ] Item 3 Question 4, if applicable \_\_\_\_\_

[ ] Item 4 Question 5, first 4; last two if applicable \_\_\_\_\_

[ ] Item 5 Question 6, if applicable \_\_\_\_\_

Humans

Vertebrate Animals

Pot. Haz. Bio. Agts

Haz. Chem./Devices

[ ] Item 6 Adult Sponsor, Sig, Date (**Before Experiment**), etc. \_\_\_\_\_

Form 1A: Student Checklist (**REQUIRED**)

[ ] Item 1 Question 1-4 completed \_\_\_\_\_

[ ] Item 2 Question 5, Yes or No \_\_\_\_\_

[ ] Item 3 If Yes, ensure previous info (Abstract, Form 1A, Res. Plan, Form 7) is attached \_\_\_\_\_

[ ] Item 4 Question 6, especially Actual start/end dates \_\_\_\_\_

[ ] Item 5 Question 7 at least one box \_\_\_\_\_

[ ] Item 6 Question 8 (if applicable) \_\_\_\_\_

Research Plan (**REQUIRED**)

[ ] Item 1 A. Question Addressed \_\_\_\_\_

[ ] Item 2 B. Hypothesis/Problem/Engineering Goals \_\_\_\_\_

[ ] Item 3 C. Detail Description of Method of Procedures \_\_\_\_\_

[ ] Item 4 D. Bibliography (**At last 5 References**) \_\_\_\_\_

Form 1B: Approval form (**REQUIRED**)

[ ] Item 1 2 boxes, Blanks filled in, date **Before Experiment** \_\_\_\_\_

[ ] Item 2a Approved **Before Experiment** \_\_\_\_\_

[ ] Item 2b Approved **After Experiment** \_\_\_\_\_

[ ] Item 3 Approval by Regional SRC chair **After Experiment** \_\_\_\_\_

Form 1C: Regulated Research Institutional/Industrial Setting Form

[ ] Item 1 Student Name and Project Title \_\_\_\_\_

[ ] Item 2 Box "A" / "B" (Completed by Scientist **after** Exp.) \_\_\_\_\_

[ ] Item 3 Questions 1- 4 \_\_\_\_\_

[ ] Item 4 Scientist Name, Sig, Title, Institution, etc. \_\_\_\_\_

- Form 2: Qualified Scientist Form
  - [ ] Item 1 Student Name and Project Title \_\_\_\_\_
  - [ ] Item 2 Qualified Scientist's Information (8 Blanks) \_\_\_\_\_
  - [ ] Item 3 Questions 1- 4 \_\_\_\_\_
  - [ ] Item 4 Scientist Name, Signature Date **Before Experiment** \_\_\_\_\_
  - [ ] Item 5 If applicable: Name, Signature Date **Before Experiment** \_\_\_\_\_

- Form 3: Risk Assessment
  - [ ] Item 1 Student Name and Project Title \_\_\_\_\_
  - [ ] Item 2 Questions 1-5 \_\_\_\_\_
  - [ ] Item 3 Name, Signature, etc., Date **Before Experiment** \_\_\_\_\_

- Form 4: Human Subjects Form
  - [ ] Item 1 Student Name and Project Title \_\_\_\_\_
  - [ ] Item 2 Question 1-3 \_\_\_\_\_
  - [ ] Item 3 Adult sponsor, and E-mail \_\_\_\_\_
  - [ ] Item 4 IRB Risk Box \_\_\_\_\_
  - [ ] Item 5 Medical Prof. Signature and Approval date \_\_\_\_\_
  - [ ] Item 6 Science Teacher Signature and Approval date \_\_\_\_\_
  - [ ] Item 7 School Administrator Sig & Approval Date \_\_\_\_\_
  - [ ] Item 8 Human Subject Boxes, Signed & dated \_\_\_\_\_
  - [ ] Item 9 Parent Consent boxes, signed & dated \_\_\_\_\_

- Form 5A: Vertebrate Animal (**SRC Approval**)
  - [ ] Item 1 Student Name and Project Title \_\_\_\_\_
  - [ ] Item 2 Questions 1-3 (Completed by Student Researcher) \_\_\_\_\_
  - [ ] Item 3 **SRC Boxes before Experiment** \_\_\_\_\_
  - [ ] Item 4 Vet/Designated Supervisor Info (if applicable) \_\_\_\_\_

- Form 5B: Vertebrate Animal (**IACUC Approval**)
  - [ ] Item 1 Student Name, Project Title, and Protocol Number \_\_\_\_\_
  - [ ] Item 2 Questions 1-6 (Completed by Qualified Scientist) \_\_\_\_\_
  - [ ] Item 3 Question 7: ensure copy of approval letter attached \_\_\_\_\_
  - [ ] Item 4 Certification Box with Sig, Date, etc. \_\_\_\_\_

- Form 6A: Potentially Hazardous Biological Agents
  - [ ] Item 1 Student Name and Project Title \_\_\_\_\_
  - [ ] Item 2 Questions 1-5 (Completed by Student Researcher) \_\_\_\_\_
  - [ ] Item 3 Second part completed by QS or DS \_\_\_\_\_
  - [ ] Item 4 BSL-1 Lab or BSL-2 Lab Signature, and Date \_\_\_\_\_

- Form 6B: Human and Vertebrate Animal Tissue
  - [ ] Item 1 Student Name and Project Title \_\_\_\_\_
  - [ ] Item 2 Questions 1-3 (Completed by Student Researcher) \_\_\_\_\_
  - [ ] Item 3 Certification Box Completed by DS or QS with date \_\_\_\_\_

- Form 7: Continuation Projects
  - [ ] Item 1 Student Name \_\_\_\_\_
  - [ ] Item 2 Components Completed by Student Researcher \_\_\_\_\_
  - [ ] Item 3 Student Name, Signature, and Date \_\_\_\_\_



# Fort Worth Regional Science Fair Entry Form

Remember: All Required forms must be filled out completely using all capital letters in ink.  
Entries not following these instructions will be disqualified for first place in any category.

### Division

Division I: Grade: 9, 10, 11, 12

Division II: Grade 6, 7, 8

### Project

Individual  Team

Registration Date: \_\_\_\_\_

### Category

Paperwork OK

Approved

Select from the following

- AS Animal Sciences
- BS Behavioral & Social Science
- BI Biochemistry
- CM Cellular & Molecular Biology
- CH Chemistry
- CS Computer Science
- EP Earth & Planetary Science
- EN Eng: Electrical & Mechanical
- MB Eng: Materials & Bioengineering
- ET Energy & Transportation
- EM Environmental Management
- ES Environmental Science
- MA Mathematical Science
- MH Medicine & Health
- MI Microbiology
- PA Physics & Astronomy
- PS Plant Sciences

Name: \_\_\_\_\_  
*First Name* *MI* *Last Name*

Gender:  Male  Female

Ethnicity

Select from the following

- AIA American Indian
- ASP Asian Pacific
- BLK Black
- HSP Hispanic
- WHT White
- OTH Other

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Teacher Name: \_\_\_\_\_  
*First Name* *MI* *Last Name*

Teacher's Email: \_\_\_\_\_ ; Phone Number: \_\_\_\_\_

Exhibit Title:  
\_\_\_\_\_  
\_\_\_\_\_