



# 2013 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
ES	Earth 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
PS	Plant Sciences
PA	Physics & Astronomy

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*

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



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**Please use BLUE ink.**

\_\_\_\_\_  
Students Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parental Signature If Below Age of 18)

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

\_\_\_\_\_  
Grade in School

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City,

\_\_\_\_\_  
State,

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
School

\_\_\_\_\_  
Teacher's name

\_\_\_\_\_  
School address

\_\_\_\_\_  
City,

\_\_\_\_\_  
State,

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
School newspaper

\_\_\_\_\_  
School website

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_  
and I do give my consent on his/her behalf.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date