Region 1 RSRC approval\_\_\_\_\_

# 2019 MASSACHUSETTS STATE SCHOOL SCIENCE & ENGINEERING FAIR MIDDLE SCHOOL DIVISION FRIDAY, APRIL 26, 2019 RESEARCH PLAN FORM 1A

Please keep a copy of this application and any accompanying material for your records.

Student(s)Name	Grade			
Project Title				
Teacher/Adult Supervisor				
School	noolCity/Town			
Teacher Phone	Teacher Active Email			
Please check:Individual ProjectTeam P	roject (All forms must be filled out by all team members)			
PROJECT <u>MUST NOT</u> INVOLV	E THE FOLLOWING MATERIALS:			
Blood products, fresh tissue, teeth and bodily fluids Nonhuman vertebrate animals or their parts, except eggs Pathogenic agents Recombinant DNA Ingestion or inhalation of any substance by human subject (no smelling/wafting or eating/chewing of ANYTHING)—NOTHING in or on parts of mouth—including but not limited to teeth, tongue, lips. Controlled substances Carcinogenic, mutagenic and toxic chemicals Explosive chemicals Radioactive materials Compressed gas (including, but not limited to CO <sub>2</sub> ) Hazardous substances or devices (including, but not limited to BB guns, potato cannons, paint ball guns) High voltage equipment Lasers (any strength) Ionizing radiation X-rays or nuclear energy See MSSEF Middle School Manual for additional information and explanation				
Check appropriate box:  I have read the above box and my project does not involve any of the above prohibited materials  My project involves Human Subjects and Form C is attached with all signed copies from subjects.  My research plan needs a designated supervising adult and Form D is attached.  (See research rules and regulations in manual for further explanation)				
Required Signatures				
Student(s)				
Teacher				
Parent/Guardian				
Date				

### 2019 MASSACHUSETTS STATE SCHOOL SCIENCE & ENGINEERING FAIR MIDDLE SCHOOL DIVISION

#### **RESEARCH PLAN FORM 1B**

Use the back of this paper if you need more room. Please keep a copy of this application and any accompanying material for your records.

Stude	ent(s)	Date
	(Please Print)	
1.	Question or Problem:	
2.	Hypothesis or Statement of Goals:	
3.	Materials (Be Specific) and Diagram of your set-up:	
4.	Methods or Procedure:	
If you would like more information on guiding your students through the process of doing a science project and preparing for science fairs view the State Science Fair website: www.scifair.com. In addition all three National Science Teachers Association journals (Science and Children, Science Scope, and the Science Teacher) have contained many articles on these topics over the past several years.		

Please send to: Shannon Zayac, MCLA, 375 Church St, North Adams, MA 01247

### 2019 MASSACHUSETTS STATE SCHOOL STATE SCIENCE & ENGINEERING FAIR MIDDLE SCHOOL DIVISION

#### INFORMED CONSENT FORM C

Required for all research involving humans.

RSRC Approval required before experimentation.

Retain a copy of this application and any accompanying material for your records.

### \*\*Must attach copies of all informed consent forms with subject/parent's signature to the Registration Form\*\*

Student's Name							
Title of Project							
attac	e completed by Student Researcher: (All questi hed.)	ions are applicab	le and must be answe	ered; additional page may be			
1)	Describe the purpose of this study and list all of a duration of the subject involvement. Attach any s			ect will be involved. Include the			
2)	Describe and assess any potential risk or discor or other) that may be reasonably expected by pa						
Describe the procedures that will be used to minimize risk, to obtain informed consent, and to maintain confidentiality. (Human subject names cannot be used)							
For q	uestions or concerns regarding this research, contac	ct: Teacher/Aduli	at Sponsor	 Email/phone			
				•			
	TO BE COMPLETED BY HUMAN SUBJECT (prior to experimentation)		(prior to experiment	ED BY PARENT/GUARDIAN ation and when participant is braned consent is required)			
	I have read & understand the conditions above; I consent/assent to voluntarily participate in this research study.			derstand the conditions and risks onsent to the participation of my			
	I realize I am free to withdraw my consent and to withdraw from this study at any time without negative consequences.		questionnaire used				
	I consent to the use of visual images (photos, videos, etc.) involving my participation in this research.			e of visual images (photos, videos, hild in this research.			
Sigi	nature Date		Signature	 Date			

## 2019 MASSACHUSETTS STATE SCHOOL SCIENCE & ENGINEERING FAIR MIDDLE SCHOOL DIVISION

#### DESIGNATED SUPERVISOR FORM D

Required for projects using non-pathogenic microorganisms and other materials and devices requiring supervision (except Baker's and Brewer's yeast)

#### Submit to RSRC for approval before experimentation begins

Student Name		
Title of Project		
To be completed by the designated su	pervisor (please print or typ	)e):
Name		
Position		
Institution		
Address		
Phone	Email	
List or describe your responsibilities in substances and devices used in this reprocedures (for microorganisms).		
Supervisor Certification I certify that:		
<ul> <li>I have read and understand all safety req</li> <li>I have been trained in the techniques to b</li> <li>I will provide direct supervision.</li> </ul>		e start of experimentation.
Designated Supervisor's Name	Signature	Date