Middle School - Research Institution/Industrial Setting Form (1C)

This form is only required for those projects conducted at a work site that is not a school, home or field and MUST be completed AFTER experimentation.

This form is to be completed by the supervising adult who is affiliated with the regulated research institution, industrial setting or any work site other than home, school or field and who has first-hand knowledge of the student's work done there. The Student Researcher/Team Leader should NOT complete any part of this form!

Student's Name(s):

Pro	oject Title:
1.	I or my proxy (grad student, postdoc, employee, etc.) did / did not mentor or provide substantial guidance to the Student Researcher. a. If no, describe your and/or your institution's role with the Student Researcher and the project here (i.e. supervised use of equipment on site without on-going mentorship) and complete the certification box below.
2.	b. If yes, complete questions 2 – 5 and complete the certification box below. The Student Researcher's project is / is not a subset of my ongoing research or work. Use questions 3, 4, & 5 to detail how the student's project was similar and/or different from ongoing research or work at your site. If this project is under a grant and needs to be acknowledged, please list the grant statement here.
3.	Describe the independence and creativity with which the Student Researcher: a. developed the expected outcomes or engineering goals for the research project.
	b. designed the methodology for his/her research project.
	c. analyzed and interpreted the data.

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St	udent's Name(s):		
	Detail the Student Researcher's role in c		
5.	The Student Researcher did/did/If yes, how many individuals were in the professional researchers, etc.)?	d not work on the project as a part of a ree group and who were they (high school	
In	stitution Representative:		
I a	ttest that the Student Researcher has cond institutional regulatory boards (IRB/IAC		• •
co	further acknowledge that the Student Remmunicated with the Student Research blicized.		
	Supervising Adult's Printed Name	Supervising Adult's Signature	Date of Signature (mm/dd/yy)
	Institu	ution	Title
Email			Phone Number

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