Region_____ **RSRC approval_____**

2017 MASSACHUSETTS STATE SCHOOL SCIENCE & ENGINEERING FAIR
MIDDLE SCHOOL DIVISION
SATURDAY, JUNE 3, 2017

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 _____City/Town _____

Teacher Phone _____Teacher Active Email _____

Please check:_____Individual Project_____Team Project (**All forms must be filled out by all team members**)

PROJECT MUST NOT INVOLVE 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, explosive and toxic chemicals
Composting
Radioactive materials
Compressed gas (exception: helium, air, CO_2,)
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 _____

Please return to your local Regional Safety Review Committee for approval prior to experimentation.

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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.

Student(s) Name _____ _____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.

Send to: Your local Regional Safety Review Committee for approval prior to experimentation.

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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 _____

To be completed by Student Researcher: (All questions are applicable and must be answered; additional page may be attached.)

1) Describe the purpose of this study and list all of the research procedures in which the subject will be involved. Include the duration of the subject involvement. Attach any surveys or questionnaires.

2) Describe and assess any potential risk or discomfort, and, if any, potential benefits (physical, psychological, social, legal or other) that may be reasonably expected by participating in this research. **Participants may stop at any time**.

3) 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 questions or concerns regarding this research, contact: _____ at _____
Teacher/Adult Sponsor *Email/phone*

TO BE COMPLETED BY HUMAN SUBJECT
(prior to experimentation)

☐ I have read & understand the conditions above; I consent/assent to voluntarily participate in this research study.

☐ I realize I am free to withdraw my consent and to withdraw from this study at any time without negative consequences.

☐ I consent to the use of visual images (photos, videos, etc.) involving my participation in this research.

_____
Signature *Date*

TO BE COMPLETED BY PARENT/GUARDIAN
(prior to experimentation and when participant is under 18 and informed consent is required)

☐ I have read and understand the conditions and risks stated above and consent to the participation of my child.

☐ I have reviewed a copy of any survey or questionnaire used in the research.

☐ I consent to the use of visual images (photos, videos, etc.) involving my child in this research.

_____ _____
Signature *Date*

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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 supervisor (please print or type):

Name _____

Position _____

Institution _____

Address _____

Phone _____ Email _____

List or describe your responsibilities in directly supervising the student. Include all hazardous substances and devices used in this research, safety precautions to be taken and proper disposal procedures (for microorganisms).

Supervisor Certification
I certify that:

- I have read and understand all safety requirements.
- I have been trained in the techniques to be used by this student prior to the start of experimentation.
- I will provide direct supervision.

Designated Supervisor's Name	**Signature**	**Date**