

2015 WORCESTER REGIONAL MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR  
WORCESTER REGIONAL FAIR DATE: MAY 4, 2015  
RESEARCH PLAN FORM 1A

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

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent active email \_\_\_\_\_

Project Title \_\_\_\_\_

Teacher/Adult Supervisor \_\_\_\_\_

School \_\_\_\_\_ City/Town \_\_\_\_\_

Teacher Phone \_\_\_\_\_ Teacher Active Email \_\_\_\_\_

Please check: \_\_\_\_\_ Individual Project \_\_\_\_\_ Team Project (All forms must be completed by each member.)

**PROJECT MUST NOT INVOLVE THE FOLLOWING MATERIALS:**

- Blood products, fresh tissue, teeth and bodily fluids
- Nonhuman vertebrate animals or their parts, exception 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) exception: infrared thermometers
- Ionizing radiation X-rays or nuclear energy

**ALL HUMAN RESEARCH PROJECTS MUST HAVE AN INFORMED CONSENT FORM (C)  
\*Must be attached to research plan for approval**

All human research projects (including surveys, professional tests, questionnaires, and studies in which the researcher is the subject of his/her own research) need a Regional Safety Review Committee (RSRC) approval. Copies of standardized and student prepared tests, surveys, etc. must be attached to the Research Plan. HUMAN CONSENT FORM (C) must be obtained from all participants involved in human research projects. If a participant is under 18 years old, the parent/guardian signature is required.

**Check appropriate box:**

- I have read the above boxes, and my project does not involve any of the above materials or human subjects.
- 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.  
(Non-pathogenic microorganisms and other safety issues. See Regulation section.)

**Required Signatures**

Student \_\_\_\_\_

Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Please send to your Regional Safety Review Committee for approval prior to experimentation:

Lisa Greenwald, 379 Cross Street, Boylston, MA 01505

Deadline: Accepted up through February 28, 2015

**2015 WORCESTER REGIONAL MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR  
WORCESTER REGIONAL FAIR DATE: MAY 4, 2015  
RESEARCH PLAN FORM 1B**

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

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

\*You may type or print this information on another sheet. Please be as detailed as possible.

1. **Question or Problem:**

2. **Hypothesis or Statement of Goals:**

3. **Materials (Be Specific):**

4. **Methods or Procedure (be as detailed as possible):**

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: [massscifair.com](http://massscifair.com). You can also view [wrsef.org](http://wrsef.org) for information regarding the Worcester Regional Middle School Fair. 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: Regional Safety Review Committee:  
Lisa Greenwald, 379 Cross Street, Boylston, MA 01505 for approval prior to experimentation.  
Deadline: Accepted up through February 28, 2015**

**2015 WORCESTER REGIONAL MIDDLE SCHOOL STATE SCIENCE & ENGINEERING FAIR  
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 Name** \_\_\_\_\_

**Title of Project** \_\_\_\_\_

**(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 that will be used in the experiment as these also need to be approved.
  
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.
  
3. Describe the procedures that will be used to minimize risk, to obtain informed consent, and to maintain confidentiality.

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 & 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

**2015 WORCESTER REGIONAL MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR  
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**

StudentName \_\_\_\_\_

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