

**2010 MASSACHUSETTS MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR
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: **MR. JEREMY MULARELLA**

School: **OAK MIDDLE SCHOOL**

City/Town: **SHREWSBURY**

Teacher Active Email: **JMULARELLA@SHREWSBURY.K12.MA.US**

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 subjects
 Controlled substances
 Carcinogenic, mutagenic and toxic chemicals
 Explosive chemicals
 Radioactive materials
 Compressed gas (including, but not limited to CO₂)
 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

ALL HUMAN RESEARCH PROJECTS MUST HAVE AN INFORMED CONSENT FORM (C) ATTACHED

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,
 Lisa Greenwald, 379 Cross Street, Boylston, MA 01505
 for approval prior to experimentation. Deadline: March 5, 2010**

**2010 MASSACHUSETTS MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR
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 Name _____ Date _____

(Please Print)

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: 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 Regional Safety Review Committee: Lisa Greenwald, 379 Cross Street, Boylston, MA 01505 for approval prior to experimentation. Deadline: March 5, 2010

**2010 MASSACHUSETTS MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR
REGISTRATION FORM**

Attach All Approved RSRC Forms (1A, 1B and, if necessary, C and D)
Retain copy of this application and any accompanying material for your records.
Registration Deadline: April 16, 2010 (for Worcester Regional Fair)

Student Section: Please Print Neatly (used for program)

Last Name _____ First Name _____ Middle Initial _____

Grade _____ Date of Birth _____ Home Phone _____

Street Address _____

City / Town _____ State _____ Zip _____

Will you need an electrical outlet for your project display or laptop computer on the day of the fair? Yes ___ No ___
If YES, bring a heavy-duty/3-pronged extension cord.)

Parent/Guardian Signature* _____

Parent active email _____

*Includes acknowledgment of your child's project safety approval and permission to participate in Regional and State Science Fairs.

I give permission for the release of my child's photograph or video for promotional materials of the State and Regional Science Fairs. _____ Yes _____ No

Parent/Guardian Signature _____

School Section: Please Print

I have received RSRC approval and understand the rules of the Massachusetts Middle School State Science Fair and certify that this student project complies with all federal and state safety regulations as well as the rules set forth by the Middle School State Science Fair Committee and Massachusetts State Science Fair, Inc.

Teacher's Name: *MR. JEREMY MULARELLA* Teacher's Signature _____

School Name: *OAK MIDDLE SCHOOL* School Address: *45 OAK STREET*

City/Town: *SHREWSBURY* Zip: *01545*

School Phone #: *(508) 841-1200* Teacher's Active Email: *JMULARELLA@SHREWSBURY.K12.MA.US*
(all correspondence is done via email)

Project Section: Please Print

(Check One) Individual Project _____ *Team Project _____

***All forms must be completed for each student in a team.**

If team project, please list names of other students. (Maximum of **three** students per team.)

2. _____

3. _____

Project Title _____

The Worcester Regional Middle School Science Fair shall not be responsible for the loss, theft, or damage to exhibits.

MAIL REGISTRATION FORM AND RESEARCH PLAN TO:

**Lisa Greenwald
379 Cross Street
Boylston, MA 01505**

