

# Research Plan (IA) - TEAM

This completed form is required for ALL projects.

Type or print all information requested.

Answer all questions and complete Research Plan Attachment (see page 28)

1) a) Team Leader \_\_\_\_\_ Grade \_\_\_\_\_

b) Team Member \_\_\_\_\_ c) Team Member \_\_\_\_\_

2) Title of Project \_\_\_\_\_

3) Adult Sponsor \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4) This year's laboratory experiment/data collection will begin: (must be stated (mm/dd/yy))

Projected Start Date: \_\_\_\_\_ Projected End Date: \_\_\_\_\_

ACTUAL Start Date: \_\_\_\_\_ ACTUAL End Date: \_\_\_\_\_

5) Where will you conduct your lab work? (check all that apply)  Research Institution  School  Field  Home

6) Name, address & phone of school and work site(s):

School:	Work site:	Work site:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7) Complete Research Plan Attachment (See page 28) and attach to this form.