

**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 e-mail \_\_\_\_\_

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 team member.)

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

Blood products, fresh tissue, teeth and bodily fluids  
 Nonhuman vertebrate animals or their parts, except eggs  
 No ingestion or inhalation of any substance by human subjects  
 Pathogenic agents  
 Recombinant DNA  
 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)  
 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,  
 Or the State Review Committee: Sandra Mayrand, University of Massachusetts Medical School, 222  
 Maple Avenue, Shrewsbury, MA 01545 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 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](http://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 or State Review Committee: Sandra Mayrand, University of Massachusetts Medical School, 222 Maple Avenue, Shrewsbury, MA 01545 prior to experimentation.

**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: May 10, 2010**

**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\*** \_\_\_\_\_

\*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** \_\_\_\_\_

**Parent/Guardian active e-mail** \_\_\_\_\_

**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 \_\_\_\_\_ **Teacher's Signature** \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

School Phone # \_\_\_\_\_ Teacher's Active 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 Massachusetts Middle School Statewide Science Fair shall not be responsible for the loss, theft, or damage to exhibits.*

**MAIL REGISTRATION FORM AND RESEARCH PLAN TO:**

**Sandra Mayrand  
University of Massachusetts Medical School  
222 Maple Avenue  
Shrewsbury, MA 01545**



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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).**

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**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