

# Middle School Project Review Form

## MN Middle School Science Fair Students (Junior)

### Student and Project Information

Team Project:	# of Participants:	School/s:
First Name	Last Name	Grade
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
		Teacher Name: _____
		Teacher Email: _____

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

Dates of Experimentation: \_\_\_\_\_ - \_\_\_\_\_

### BEFORE Experimentation Begins – Project Safety Concerns and Pre-Approval Signatures

Certain projects require additional considerations and supervision. Read through each of the following restrictions carefully. Determine if any of these apply to your project. Some projects may be subject to multiple restrictions. If any of these restrictions apply to your project, check the box for that area. If no restrictions apply only the science teacher signature is required. **Before beginning experimentation, you** will need to obtain any additional signatures listed below.

☐ **Human Test Subjects** (Example: surveys, taste tests, play a game or interact with another human in any way)

If you are working with humans of ANY age, you need PRE-approval from a Educator, School Administrator, AND a Psychologist/ Medical Doctor or Registered Nurse to make sure your research is safe. This includes the student researcher participating in the experiment or testing their product.

During the review, if it is determined that there is more than minimal risk to the human subjects involved in the project, the student must receive written consent from each of the adult participants. Written parental consent for students under 18 years old is required for all projects. A copy of the surveys or test you intend to use must be attached. **Required Signatures: Educator** (section A) , **AND School Administrator** (section B) **AND a Psychologist/ Medical Doctor/ or Registered Nurse** (section c), **AND IRB Signature**

☐ **Non-Human Vertebrate Animals** (Example: fish, rats, rabbits, dogs, cats, etc. )

Experiments involving laboratory animals or pets cannot be conducted in a student's home except for behavior studies on pets. Proper animal care must be provided daily, including weekends, holidays and vacations. Experimental procedures that cause unnecessary pain or discomfort are prohibited. Experiments designed to kill vertebrate animals are not permitted. Death of any animals due to experimentation will disqualify the project.

Behavioral studies or supplemental nutritional studies involving pets or livestock may be done at home.

**Required Signatures: Educator** (section A) **AND a Veterinarian or other Biomedical/Biological Scientist** (section c) **AND the SRC Chair** ( section D)

☐ **Potentially Hazardous Biological Agents** (Example: Bacteria, Mold, Fungi, Viruses, Parasites, RecombinantDNA (rDNA), Human or Animal fresh tissues, blood or body fluids, etc.)

All Biosafety Level 1 projects can be performed in a school laboratory. **BACTERIA MAY NOT BE GROWN AT HOME.** Standard microbiological practices must be used and all hazardous agents must be properly disposed of at the end of experimentation. The experiment must be supervised by a qualified scientist or a trained designated supervisor. A description of the safety precautions used, supervision obtained, and proper disposal of any substances to not harm the environment must be attached, in your research plan, if a student is working with hazardous substances or devices.

**Required Signatures: Educator** (section A) **AND a Biomedical/Biological Scientist** (section c) **AND the SRC Chair** ( section D)

☐ **Controlled Substances** (Example: Over the counter or prescription drugs, tobacco, and alcohol)

Students must adhere to all federal, state and local laws when acquiring and handling controlled substances. Only under the direction of a qualified scientist or direct supervisor may a student use federally controlled or experimental substances for experimentation.

**Required Signatures: Educator** (section A) **AND a Direct Supervisor or Qualified Scientist (the adult monitoring the student)** (section E)

☐ **Hazardous Chemicals, Substances, Activities, or Devices** (Chemicals, firearms, power tools, welders, lasers, radioactive substances, radiation)

Students must adhere to federal and state regulations governing hazardous substances or devices. An adult must directly supervise experiments. Students working with hazardous substances or devices must follow proper safety procedures for each chemical or device used in the research. A description of the safety precautions used, supervision obtained, and proper disposal of any substances to not harm the environment must be attached if a student is working with hazardous substances or devices.

**Required Signatures: Educator** (section A) **AND a Direct Supervisor or Qualified Scientist (the adult monitoring the student)** (section E)

### Research Location

★ (required for ALL projects)

Locations: Please list the names, addresses, and type of location for each place you plan to conduct your research or work on your problem. **If you work or collect data at a place of business or university, you will need a document showing you had permission to work there.**

Facility Type (check all that apply): Home ☐ School ☐ University ☐ Business ☐ Public Facility (Park, Library, etc.) ☐ Other ☐

Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

Address #1: \_\_\_\_\_

Address #2: \_\_\_\_\_

### Section A: Educator/Mentor APPROVAL

★ (required for ALL projects)

I have reviewed and approved this student's research plan **prior to experimentation and** certify that it will comply with all the experimental rules of the Science Fair.

\_\_\_\_\_  
Educator Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

Student Name(s): \_\_\_\_\_

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

**Section B: School Administrator APPROVAL**

(Required for ALL projects with human test subjects)

I have reviewed and approved this student's research plan **prior to experimentation**.

\_\_\_\_\_  
School Administrator Signature

\_\_\_\_\_  
Date

**Section C: Safety APPROVAL: Psychologist, Doctor/ Nurse, Biomedical/Biologist Scientist, Veterinarian**

Review page 1 to confirm if you need to obtain any of these signatures for your project. Not a teacher or a parent.

Name: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Institution/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section D: SRC Chair APPROVAL**

Review page 1 to confirm if you need to obtain this signatures for your project. Not a teacher or a parent.

Name: \_\_\_\_\_

Signature/Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section E : Direct Supervisor or Qualified Scientist APPROVAL**

Review page 1 to confirm if you need to obtain this signature for your project.

Students must have an adult supervisor when working on a project that involves controlled substances or hazardous chemicals, activities, or devices. This may be a parent or guardian, a teacher, or a laboratory supervisor.

**I, the Direct Supervisor, certify that:**

- I have read the student's research plan 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 and take responsibility for the safety of my student(s) and any possible participants.
- I will review the project and make sure that only the student's work will be presented by the student at the fair.

\_\_\_\_\_  
Director Supervisor's Name

\_\_\_\_\_  
Direct Supervisor's Signature

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Email or phone

**FOR IRB USE ONLY :**


1. Written Minor Assent and written parental permission required for minor participants: ☐ Yes ☐ Not applicable (No minors in this study)
2. Written Informed Consent required for participants 18 years or older: ☐ Yes ☐ No ☐ Not applicable (No participants 18 yrs or older in this study)
3. Risk Level (check one) : ☐ Minimal Risk ☐ More than Minimal Risk

\_\_\_\_\_  
Name of Educator (not related to project)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Review

**\*\*Signature may NOT be the adult sponsor, educator, direct supervisor, qualified scientist or related to (e.g., mother, father of) the student (conflict of interest).**

**Student & Parent/Guardian Signatures:**  (required for ALL projects)

Every participating student and their parent/guardian must sign below, including all members of a team and their parents and or guardians.

Team members may sign separate forms, but one form must be submitted with all required signatures to be eligible. (see page 1)

**Students - I certify the following (must agree to all in order to participate):**

- ☐ My science project complies with all the experimental rules of the Science Fair.
- ☐ I have attached a written Research Plan for my project, indicating all materials needed and my planned procedure.
- ☐ I have attached any additional paperwork required for review (surveys and/or tests for human subjects, last year's paperwork, permission to work at business, etc.)
- ☐ I will respect other projects and property.
- ☐ I will treat all fellow participants, judges, volunteers and other science fair staff with respect and courtesy.
- ☐ I understand any violation of the above could result in removal from the competition.

**Parent/ Guardian** - I have read the agreements above and understand the risks and possible dangers involved in the research plan. I consent to my child participating in this project.

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Signature Parent/Guardian:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Signature Parent/Guardian:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Signature Parent/Guardian:

\_\_\_\_\_  
Date