

# SCIENCE FAIR RESEARCH PLAN

to be completed by ALL Middle School students

NAME \_\_\_\_\_

GROUP MEMBERS (if any) \_\_\_\_\_

Project chosen \_\_\_\_\_

Hypothesis \_\_\_\_\_

\_\_\_\_\_

What is the proposed starting date for your experimentation? \_\_\_\_\_

Where will you complete your lab work? \_\_\_\_\_ Home \_\_\_\_\_ School \_\_\_\_\_ Other

If other than school, what is the name, address, and phone of location for lab work?

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## APPROVAL FORM

### Student approval

I understand the risks and possible dangers to me of the proposed Research Plan.  
I will adhere to all safety rules when conducting this research.

\_\_\_\_\_  
Student's Signature Date

### Parent/Guardian approval

I have read and understand the risks and possible dangers involved in the Science Fair Research Plan. I consent to my child participating in this research with the group members chosen and will coordinate transportation for experimentation.

\_\_\_\_\_  
Parent/Guardian's Signature Date

**To be completed after experimentation is complete.**

Write the name of each group member and the percentage of participation of each.

WHO helped you on this project that is not listed above?  
(Be specific about who provided help and exactly what help was given.)

I testify that the information in this section is accurate.

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Student's Signature

Date