

RSRC approval \_\_\_\_\_

2012 MASSACHUSETTS REGOIN 1 MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR  
SATURDAY, APRIL 28, 2012  
**RESEARCH PLAN FORM 1A**

Please keep a copy of this application and any accompanying material for your records.

Student(s) Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Teacher/Adult Supervisor \_\_\_\_\_

School \_\_\_\_\_ City/Town \_\_\_\_\_

Teacher Phone \_\_\_\_\_ Teacher Active Email \_\_\_\_\_

Please check: \_\_\_\_\_ Individual Project \_\_\_\_\_ Team Project (All forms must be filled out by all team members)

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

Blood products, fresh tissue, teeth and bodily fluids  
Nonhuman vertebrate animals or their parts, except eggs  
Pathogenic agents  
Recombinant DNA  
Ingestion or inhalation of any substance by human subject  
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(s) \_\_\_\_\_

Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Please return to your local Regional Safety Review Committee for approval prior to experimentation.**

2012 MASSACHUSETTS REGOIN 1 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(s) Name \_\_\_\_\_ Date \_\_\_\_\_

*(Please Print)*

**1. Question or Problem:**

**2. Hypothesis or Statement of Goals:**

**3. Materials (Be Specific) and Diagram of your set-up:**

**4. Methods or Procedure:**

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 local Regional Safety Review Committee for approval prior to experimentation.**

**2012 MASSACHUSETTS REGOIN 1 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: March 10, 2012**

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

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

**(All correspondence is done via e-mail)**

**Project Section: Please Print**

(Check One) Individual Project \_\_\_\_ Team Project \_\_\_\_

**Registration Form 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 AND ADDITIONAL FORMS C AND D IF NECESSARY**

**TO:**

**Chris Himes, Chair**

**Region 1 MMSS**

**c/o Academic Affairs**

**Massachusetts College of Liberal Arts**

**375 Church Street**

**North Adams, MA 01247**

2012 MASSACHUSETTS REGOIN 1 MIDDLE SCHOOL STATE SCIENCE & ENGINEERING FAIR

**INFORMED CONSENT FORM C**

**Required for all research involving humans.**

**RSRC Approval required before experimentation.**

**Retain a copy of this application and any accompanying material for your records**

**\*\*Must attach copies of all informed consent forms with subject/parent's signature to the Registration Form\*\***

Student's Name \_\_\_\_\_

Title of Project \_\_\_\_\_

**To be completed by Student Researcher: (All questions are applicable and must be answered; additional page may be attached.)**

- 1) Describe the purpose of this study and list all of the research procedures in which the subject will be involved. Include the duration of the subject involvement. Attach any surveys or questionnaires.
  
  
  
  
  
  
  
  
  
  
- 2) Describe and assess any potential risk or discomfort, and, if any, potential benefits (physical, psychological, social, legal or other) that may be reasonably expected by participating in this research.
  
  
  
  
  
  
  
  
  
  
- 3) Describe the procedures that will be used to minimize risk, to obtain informed consent, and to maintain confidentiality.

For questions or concerns regarding this research, contact: \_\_\_\_\_ at \_\_\_\_\_  
*Teacher/Adult Sponsor* *Email/phone*

**TO BE COMPLETED BY HUMAN SUBJECT  
(prior to experimentation)**

- I have read & understand the conditions above; I consent/assent to voluntarily participate in this research study.
- I realize I am free to withdraw my consent and to withdraw from this study at any time without negative consequences.
- I consent to the use of visual images (photos, videos, etc.) involving my participation in this research.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**TO BE COMPLETED BY PARENT/GUARDIAN  
(prior to experimentation and when participant is  
under 18 and informed consent is required)**

- I have read and understand the conditions and risks stated above and consent to the participation of my child.
- I have reviewed a copy of any survey or questionnaire used in the research.
- I consent to the use of visual images (photos, videos, etc.) involving my child in this research.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

