SCIENCE FAIR PROJECT APPROVAL FORM

This completed form is required for ALL projects, and must be signed prior to experimentation.

Student Name: __________________________________________

Grade: ____________ Homeroom Teacher: ______________________

1. Category: ☐ Biological ☐ Consumer ☐ Earth/Space ☐ Mathematics ☐ Physical

2. Briefly outline or describe your Project Plan:

3. Will any of the following be used?
   a) Human subjects ☐ Yes ☐ No (If Yes, complete Form A)
   b) Live animals ☐ Yes ☐ No (If Yes, complete Form B)
   c) Potentially hazardous biological agents (mold, fungi, bacteria, microorganisms, tissues, blood or blood products) ☐ Yes ☐ No (If Yes, complete Form C)
   d) Controlled substances (prescription drugs, alcohol, tobacco) ☐ Yes ☐ No (If Yes, project not allowed)

4. Who will directly supervise the student? ____________________________________________

5. Student Acknowledgment:
   • I am sure that my project does not involve hazardous materials, chemicals, activities, or devices and does not place humans or animals at risk.
   • My experiment as described in the Project Plan will be performed in a safe environment and will not endanger others.

   Student’s Printed Name ___________________________ Student’s Signature ___________________________ Date ____________

6. Parent/Guardian Approval: I have read and understand the Project Plan. I consent to my child participating in this project and certify that the experiment will be conducted safely.

   Parent/Guardian’s Printed Name ___________________________ Parent/Guardian’s Signature ___________________________ Date ____________

Teacher Approval: I have read and understand the Project Plan and approve it for the student.

   Teacher’s Printed Name ___________________________ Teacher’s Signature ___________________________ Date ____________

Return this form to your teacher for approval. When approved, put this completed and signed form in your logbook.
SCIENCE FAIR PROJECT – FORM A – HUMAN SUBJECTS

This completed form is required for ALL projects that involve human subjects research.

Student Name: ________________________________
Grade: ________ Homeroom Teacher: __________________________

1. Describe in detail all procedures, including what the participants are asked to do.

2. Describe how risks to humans will be minimized. (Consider emotional stress and potential consequences. Describe any physical activities or procedures, if used, and critically evaluate the risks, such as type, duration of exercise or physical activity, etc.)

3. Describe strategies used to protect privacy and confidentiality.

4. List number of human subjects (may include information such as: age, male/female, etc. if those factors are relevant to the experiment)

5. Describe recruitment procedures (where and how subjects are found for experiment)

6. Human Informed Consent Form: An informed consent/assent/permission form is required. This form provides information to the research participant (or parent/guardian) and documents written informed consent, minor assent, and/or parental permission. Procedures for obtaining informed consent must include a statement informing potential human subjects about the voluntary nature of participation and the right to withdraw at any time.
   - Attach a copy of your Human Informed Consent Form to this project approval form. You may use the sample form on the next page (filled out with appropriate information).
   - Attach a copy of your survey (if you are doing a survey) to this project approval form.

Teacher Approval: I have read the Human Subjects Plan and approve it for the student.

________________________________________________________________________
Teacher’s Printed Name Teacher’s Signature Date

Return this form to your teacher for approval. When approved, put this completed and signed form in your logbook. When your project is complete, turn in all “Human Informed Consent” forms to your teacher (they are not displayed with your board or logbook).
HUMAN INFORMED CONSENT FORM

Student Researcher: __________________________________________________________

I am asking for your voluntary participation in my science fair project. Please read the information about the project. If you would like to participate, please sign in the appropriate box or boxes below.

1. Purpose of the project:

2. If you participate, you will be asked to:

3. Time required for participation:

4. Potential Risks of Study:

5. Benefits:

6. How confidentiality will be maintained:

If you have any questions about this study, feel free to contact:

Adult Supervisor: __________________________ Phone/email: __________________________

Voluntary Participation:
Participation in this study is completely voluntary. If you decide not to participate there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent/assent to participate or permission for my child to participate.

Informed Consent or Minor Assent Date Reviewed & Signed: ________________
Research Participant Printed Name Research Participant Signature

Parental/Guardian Permission (if applicable) Date Reviewed & Signed: ________________
Parent/Guardian Printed Name Parent/Guardian Signature

This form will be turned in to the supervising science fair project teacher and will not be displayed with the student project.
SCIENCE FAIR PROJECT – FORM B – LIVE ANIMALS

This completed form is required for ALL projects that involve non-human animal research.

Student Name: ________________________
Grade: ________ Homeroom Teacher: __________________

The guidelines below MUST be followed when working with vertebrates and invertebrates.
- No animal may be deprived of food or water at any time for any reason.
- Animals may not be exposed to any conditions that may be considered harmful.
- Animals may not be sacrificed for the purpose of experimentation.
- Animals must be provided quality care after the experiment is concluded.
- No dissection or surgical procedure may be used.

Section 1 – To be completed by student
1. Genus, species, and common name of animal(s) to be used ____________________________

2. From where will the animals be obtained? __________________________________________

3. How many animals will be used? ________________________________________________

4. Where will the animals be housed? _______________________________________________

5. Cage size _______________________________ Number of animals per cage ____________

6. Type of food fed to animals _____________________________________________________

7. How often are the animals fed and given water? _________________________________

8. Who will provide veterinary care if needed? _______________________________________

9. What will happen to the animals after the project is completed? ____________________

Section 2 – To be completed by animal care supervisor (may be parent/guardian)

Name__________________________________

If other than parent/guardian, please complete the following:
Institution/Company/Position ______________________________
Address ___________________________ City ___________ State ____ Zip ______
Phone(s) _____________________________ E-mail ______________________

I certify that I have discussed this project with the student prior to its start. I will supervise the student’s work and accept primary responsibility for the care and handling of the live animals used in the project. I have read and will comply with the Clear Creek ISD guidelines regarding the use of live animals in elementary science fair projects.

Supervisor’s Printed Name ___________________________ Supervisor’s Signature ______ Date

Teacher Approval: I have read the Live Animals Plan and approve it for the student.

Teacher’s Printed Name ___________________________ Teacher’s Signature ______ Date

Return this form to your teacher for approval. When approved, put this completed and signed form in your logbook.
SCIENCE FAIR PROJECT – FORM C – BIOLOGICAL AGENTS

This completed form is required for ALL projects that involve biological agents.

Student Name: ________________________________________________________
Grade: ____________ Homeroom Teacher: _________________________________

The guidelines below MUST be followed when working with biological agents.
- Any experiment involving the culture or growth of microorganisms or fungi (mold) must be carried out under adult supervision.
- Cultures must remain sealed at all times.
- No cultures, rotted food, or other contaminated substances may be displayed with the project.
- All contaminated substances should be disposed of in a sanitary method at the conclusion of the experiment.

Section 1 – To be completed by student

1. What type of biological agent will be used?

2. Describe the risks posed by this biological agent.

3. Describe the safety precautions that will be used with this biological agent.

4. Describe the method of disposal that will be used with this biological agent.

Section 2 – To be completed by adult supervisor (may be parent/guardian)

Name______________________________________________________________

If other than parent/guardian, please complete the following:

Institution/Company/Position __________________________________________

Address __________________________________ City _______________ State _____ Zip ________

Phone(s) __________________________________________________________ E-mail __________________________

I certify that I have discussed this project with the student prior to its start. I will supervise the student’s work and accept primary responsibility for the safe handling of the biological agents used in the project. I have read and will comply with the Clear Creek ISD guidelines regarding the use of biological agents in elementary science fair projects.

Supervisor’s Printed Name __________________________ Supervisor’s Signature __________________________ Date ________________

Teacher Approval: I have read the Live Animals Plan and approve it for the student.

Teacher’s Printed Name __________________________ Teacher’s Signature __________________________ Date ________________

Return this form to your teacher for approval. When approved, put this completed and signed form in your logbook.