All Science research projects must be supervised by an adult. The following are not allowed for use by K–5 students in any part of a science project. Using these items will result in exclusion from AACPS ISEC Activities.

- Alcohol (including wine)
- Bacteria or mold
- Cigarettes, cigarette smoke, or other tobacco products
- Household bleach, dry ice, liquid nitrogen, and other caustic/poisonous household products.
- Fire
- Human Tissue (including blood)
- Medicine (over the counter and prescription)
- Science lab chemicals
- Vertebrate Animals
- Weapons

Please Print

School

Date

Student Name

Grade

Science Teacher Name

Name of your supervising adult

Project (attach a paper if you need more space)

Research problem or question

Hypothesis

Materials

Procedures (including safety considerations)

Where will you do your research?

☐ School

☐ home

☐ Other:

Starting Date

Science Teacher’s Name

Signature

Date

Adult Supervisor’s Name

Email or Contact Phone Number

Parent/Guardian’s Name

Signature

Date
All Engineering projects must be supervised by an adult. The following are not allowed for use by K–5 students in any part of a project. Using these items will result in exclusion from AACPS ISEC Activities.

- Alcohol (including wine)
- Bacteria or mold
- Cigarettes, cigarette smoke, or other tobacco products
- Household bleach, dry ice, liquid nitrogen, and other caustic/poisonous household products.
- Fire
- Human Tissue (including blood)
- Medicine (over the counter and prescription)
- Science lab chemicals
- Vertebrate Animals
- Weapons

Please Print

School  Date

Student Name  Grade

Science Teacher Name  Name of your supervising adult

Project (attach a paper if you need more space)

Engineering Problem

Solution

Materials

Procedures (including safety considerations)

Where will you complete your project?

☐ School  ☐ home  ☐ Other:

Starting Date

Science Teacher’s Name  Signature  Date

Adult Supervisor’s Name  Email or Contact Phone Number

Parent/Guardian’s Name  Signature  Date
## People in your Project Safety Form

**Please Print**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Science Teacher Name</th>
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</table>

<table>
<thead>
<tr>
<th>Title of Project</th>
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</tbody>
</table>

1. Describe what you will do in your project.

2. Are there any dangers or risks to the people? How will you make sure they are safe?

---

**To be completed by the school ISEC committee before the student research begins:**

- [ ] This project involves no risk.
- [ ] The student has informed the participants what they will be doing.
- [ ] The student will have consent forms for each subject under 18 years old.
- [ ] The project involves more than minimal risk. It must be revised:

**Project approved by the school ISEC committee.**

<table>
<thead>
<tr>
<th>ISEC Committee Member</th>
<th>Signature</th>
<th>Date</th>
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<tr>
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<table>
<thead>
<tr>
<th>Teacher's Name</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Principal’s Name</th>
<th>Signature</th>
<th>Date</th>
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</table>
Informed Consent
Required for any project involving people.

Please Print

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science Teacher Name</td>
<td>Grade</td>
</tr>
<tr>
<td>Title of Project</td>
<td></td>
</tr>
</tbody>
</table>

1. Describe what you will do in your project.

2. Are there any dangers or risks to the people? How will you make sure they are safe?

This project has been reviewed and approved by the school ISEC committee.

<table>
<thead>
<tr>
<th>Teacher’s Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

I have read and understand the conditions above and consent to participate in this experiment.

☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

If participant is under 18 years of age, a parent or guardian signature is required. If the subject of this experiment or the parent/guardian has any questions about the experiment, the adult sponsor should be contacted.

☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Parent/Guardian’s Name</th>
<th>Signature</th>
<th>Date</th>
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</table>