

# Independent Research Project Project Approval Form

---

---

Chemistry I Honors  
Mrs. Johannesson

Name \_\_\_\_\_

Period \_\_\_\_\_

Problem Statement \_\_\_\_\_  
\_\_\_\_\_

Independent Variable \_\_\_\_\_

Dependent Variable \_\_\_\_\_

**Constants** – Brainstorm a list of potential interfering factors that you will need to hold constant.

**Control Group** – Describe your unaltered test group. If you don't think a control group is relevant to your experiment, explain why.

**Procedure** – Briefly describe the general idea of your experiment

**Background Research** – Brainstorm some ideas about what you need to research at the library in order to make a valid prediction about what should happen in your experiment.

**Planning** – Please indicate whether you have discussed the following issues with your parent(s) or guardian(s).

Cost and availability of materials required for this project  
YES NO

Feasibility of the project within the given timeframe  
YES NO

Special requirements associated with your topic (see “Choosing Your Topic”)  
YES NO including access to parent supervision, qualified scientists, etc.

Project timeline  
YES NO

**Signatures** – All three signatures are needed before beginning research.

---

Student

---

Parent/Guardian

---

Mrs. Johannesson