You must give this proposal form to your teacher by the 12th of February 2016.

Student Name: __________________________________________________________
Science Teacher: ________________________________________________________

**Explain** the problem that you wish to solve in this Research Project.

________________________________________________________________________
________________________________________________________________________

Explain briefly the experiment that you will conduct to help solve this problem and complete the table.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Experimental design**

<table>
<thead>
<tr>
<th>What I will keep the <strong>same</strong>. (Controlled variables)</th>
<th>What I will <strong>Change</strong>. (Independent Variable)</th>
<th>What I will <strong>Measure</strong> (Dependent variable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Describe how you will measure the dependent variable: __________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Note: You must have your proposal signed by yourself and your parent before handing it to the teacher.

Student signature: ____________________ Parent signature: ____________________
Date: ____________________ Date: ____________________

TEACHER FEEDBACK:

Note: You must have your experiment approved by your teacher before you begin your investigation.

Trial run recommended by teacher? Yes [ ] No [ ]

Teacher Comment:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Teacher’s Signature: ____________________ Date: ____________________