

The Ohio Academy of Science – Combined Approval Form – 2025–2026

SEE ALL ISEF FORMS at <https://www.societyforscience.org/isef/forms/>

This form can be used in place of the combination of ISEF Forms 1, 1A, and 1B.

For teams, each teammate must complete a copy of this form.

PROJECT INFORMATION

1. Student Name: _____ Grade: _____
Email: _____ Phone: _____
Team: ☐ No ☐ Yes Teammate: _____ Teammate: _____
2. Project Title: _____

3. Adult Sponsor Name: _____
4. School: _____ Teacher Name: _____
Address: _____
5. This Year's Experimentation Start Date: _____ End Date: _____
6. Pre-Approval by SRC/IRB/IACUC/IBC is Required? ☐ No ☐ Yes Tentative Start Date: _____
If Yes: This project uses (check all that apply):
☐ Humans (Form 4)
☐ Vertebrate Animals (Form 5A or 5B) ☐ Potentially Hazardous Biological Agents (Form 6A)
☐ Microorganisms, rDNA, or Tissue (Form 6B) ☐ Risk Assessment (Form 3)
SEE ISEF RULES FOR ADDITIONAL FORMS REQUIRED (<https://www.societyforscience.org/isef/forms/>).
7. Continuation Project? ☐ No ☐ Yes If Yes, attach: ☐ Previous Abstract ☐ Previous Plan ☐ Form 7
8. Data Source: ☐ Collected by self/mentor ☐ Other (describe): _____
9. Experimentation Location (check all that apply):
☐ Research Institution (attach Form 1C) ☐ School ☐ Field ☐ Home ☐ Other: _____
10. Work Site(s) outside of home/school (includes virtual):
Contact Name: _____ Phone: _____
Location: _____

SIGNATURES

1. Student Name: _____
☐ I understand the project risks and agree to follow ISEF & OAS rules.
Signature: _____ Approval Date: _____ (Before experimentation)
2. Parent/Guardian Name: _____
☐ I consent to my child's participation and agree to follow ISEF & OAS rules.
Signature: _____ Approval Date: _____ (Before experimentation)
Phone: _____ Email: _____
3. Adult Sponsor Name: _____
☐ I have reviewed the ISEF & OAS Rules, the ethics statement, and discussed the risks with the student.
☐ I have reviewed the Student's Research Plan.
Signature: _____ Date of Project Review: _____
Phone: _____ Email: _____
4. Local Fair SRC/IRB Approval (if required for Forms 3, 4, 5A, 6A, 6B) SRC/IRB Chair Name: _____
Signature: _____ Approval Date: _____ (Before experimentation)
5. Regulated Research Institution (if applicable) SRC Chair Name: _____
☐ Form 1C and institutional approvals attached
Signature: _____ Date: _____ (May be after experimentation)