1a. Project Part One: Initial Plans

Your name: ________________________ Email ______________________________
Phone Number: _____________________ Other contact information: ______________

1. What is the general area in which you would like to work? (Use key words the way you would for a literature search) ______________________________________________

2. What specifically will you count? If you wish to decrease some action, you MUST state an alternative behavior your participant(s) should do instead. _________________
   (NOTE: Minimum frequency for recording is three times a week.)

3. What population will you be working with? __________________________________

4. What permissions will you need to obtain? ____________________________________
   How long do you think it will take to complete needed permissions?___________

5. During what hours each day will you be taking data?
   ____________________________________________
   ____________________________________________
   ____________________________________________

6. Sketch the data recording form you plan to use below or on the back if you need more space.