

**IRB CONTINUING REVIEW/AMENDMENT FORM**

Principal Investigator (PI): <b>Andrea Knapp</b>	
Co-Principal Investigator (Required, if co-PI is a student): <b>Andrea Knapp</b>	
Project #: <b>2009-10070-0</b>	Title of Study: <b>Student Understanding and Sustainability: Challenges for Parental Involvement Programs in Mathematics</b>

<b>PLEASE ANSWER ALL QUESTIONS</b> (Use the text boxes for explanation/additional information or attach a separate cover letter.)		<b>YES</b>	<b>NO</b>
<b>1</b>	Have you started data collection for this research project?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	How many total participants have been accrued since <u>the beginning</u> of the research project? (Note: This corresponds to the number of individuals who gave consent; this number should include withdrawals but actual number of withdrawals is reported in #7 below.)	~300	
<b>3</b>	Do you plan to continue to <u>recruit</u> participants for this research project? (If you answered <b>YES</b> , please skip to Question #6.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	If you answered <b>NO</b> to question #3, do you plan to continue to <u>collect</u> data with previously recruited participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	If you answered <b>NO</b> to questions #3 and #4 above, do you plan to continue to <u>analyze</u> previously collected data that is individually-identifiable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	Have there been any complaints about the research since the protocol was approved by the IRB? If <b>YES</b> , please provide complete information on the complaints made.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	Have any participants withdrawn, dropped out, or were lost to follow-up from participation since the protocol was last approved by the IRB? If <b>YES</b> , please indicate the number and provide detailed information/reason(s).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	Have there been any adverse events or unanticipated problems involving risks to the participants or others since the protocol was last approved by the IRB? If <b>YES</b> , please contact the IRB office immediately to request an adverse event/incident report form.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b>	Have there been any changes to the study population? If <b>YES</b> , please explain changes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b>	Have the <u>procedures</u> changed in any way since the protocol was last approved by the IRB? If <b>YES</b> , please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b>	Have any <u>materials</u> or <u>instruments</u> changed in any way since the protocol was last approved by the IRB? If <b>YES</b> , please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12</b>	Have changes in the scientific literature, or interim experience with this or related studies, changed your assessment of potential risks or benefits to study participants? If <b>YES</b> , please explain and attach any relevant literature.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b>	Have the <u>consent documents</u> changed in any way since the protocol was last approved by the IRB? If <b>YES</b> , please explain and attach copy of the revised document(s).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14</b>	A <u>clean</u> copy of the current version of the consent document(s) <b>must</b> be submitted with the request to continue <b>if you plan to recruit new participants, or if a revised consent document is necessary as a result of an amendment.</b> Have you attached a clean copy of your current consent document(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b>	Have there been any changes to the members of the research team (e.g., change in PI; addition/deletion of co-investigators)? If <b>YES</b> , please describe personnel change(s). Note: All new personnel must complete the CITI training. <b>Racheal Landers, a master's student, will be a Co-PI</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Principal Investigator's Signature:	<b>Date: 7-19-10</b>
For electronic submission, a check in this box is acceptable as a signature: <input checked="" type="checkbox"/>	

**Important:** If research activities involving human participants will continue five years after the original IRB approval, please submit a new IRB Application for initial review. **Exceptions:** If the research is permanently closed to the enrollment of new subjects, all participants have completed all research-related

interventions, **and** the research will remain active only for long-term follow-up of subjects; or if the remaining research activities are limited to analysis of individually-identifiable private information.