



INSTITUTIONAL REVIEW BOARD NOTICE OF APPROVAL
(Federalwide Assurance Number #0189)

PROJECT DIRECTOR: Julia Isaacs

TITLE: "School Readiness Goals and Head Start Program Functioning"

SPONSOR AGENCY: US DHHS **PROTOCOL DATE:** March 2013

UI PROJECT NUMBER: 08800-040-11 **PROPOSAL NUMBER:**

NATURE OF REVIEW:
(Check One) **FULL** _____ **EXPEDITED** X **EXEMPT** _____

MEETING DATE: N/A

TYPE OF APPROVAL

- PRELIMINARY
- PRETEST/PILOT TEST. SCHEDULE NEXT REVIEW PRIOR TO FULL IMPLEMENTATION
- FULL IMPLEMENTATION
- AMENDMENT
- ANNUAL REVIEW

Please note the following requirements:

PROBLEMS OR ADVERSE REACTIONS: If any problems in treatment of human subjects or unexpected adverse reactions occur as a result of this study, you must notify the IRB Chairperson immediately.

CHANGES IN PROTOCOL: If there are significant changes in procedures or study protocol, you must notify the IRB Chairperson before they are implemented.

RENEWAL: You are required to apply for renewal of approval at least annually for as long as the study is active. Your next review date should be on or before 3/24/2014.



IRB Chairman

March 25, 2013

Date

Martin D. Abravanel
Print or Type Name
CC: PI