

SCHOOL OF PSYCHOLOGICAL SCIENCES**Consent form**

Title of Project: It goed like this: how children learn to form the past tense.

The parent or guardian should complete the following part of this sheet him/herself

1. Have you read the Parent Information Sheet?	YES/NO
2. Have you received enough information about the study?	YES/NO
3. Do you consent to your child being audio recorded as detailed in the Parent Information Sheet?	YES/NO
4. Do you understand that your child does not need to take part in the study and if you do decide s/he will participate you are free to withdraw:- * at any time * without having to give a reason for withdrawing * and without detriment to you?	YES/NO
5. Do you agree to allowing your child to take part in this study?	YES/NO

please delete
as necessary

Name of participant: **Signed:** **Date:**

Name of researcher: **Signed:** **Date:**

Do you consent for the audio recordings to be retained and used for future studies?	YES/NO
---	--------

Name of participant: **Signed:** **Date:**

Name of researcher: **Signed:** **Date:**

**This project has been approved by the
School of Psychological Sciences Research Ethics Committee**