



Parent consent opt in

Project title: Morphology and reading comprehension development

Project supervised by Prof. Kate Cain, Lancaster University

Please tick the boxes if you agree with the following statements and return this form to your child's classroom teacher no later than DATE TO BE INSERTED HERE if you consent for your child to take part in this study.

I have read this letter and am happy for my child to take part in this research.

☐

I understand that I (and my child and the school) can withdraw consent at any time.

☐

I have the contact details of the supervisor (Prof Kate Cain, tel: 01524 593990) and the Head of Department (Prof. Charlie Lewis (email: c.lewis@lancaster.ac.uk; Tel. (0)1524 593697) to contact in the case of any questions, problems, or complaints about this research.

☐

Your name: _____

Your child's name: _____

Position: _____

Signature: _____ Date: _____