# C:\Users\sue.buckley\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\downsed-book-strapline-cmyk-euroscale.jpgC:\Users\sue.buckley\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\HI_BIG_E_MIN_BLUE.JPG

# Research participation consent form

### Project

|  |  |
| --- | --- |
| **Title of project(s)** | **Improving reading and language outcomes for children with Down syndrome** |
| **Lead researcher** | Dr Kelly Burgoyne |
| **Duration** | May 2009 – July 2011 |

### Consent declaration

* I have read the enclosed information describing this research project
* I understand what is involved if I choose to participate in the research
* I understand that participation in the research in voluntary
* I understand that I am free to withdraw from the research at any time and for any reason
* Any questions have been answered to my satisfaction

|  |  |
| --- | --- |
| **√** | **(Please tick one)** |
|  | **I would** like my child to be included in the research |
|  | **I do not** wish my child to take part in the research |

|  |  |
| --- | --- |
| Name of child: |  |
| Date of birth: |  |
| Name of parent/guardian: |  |
| Signature of parent/guardian: |  |
| Name and address of child’s school: |  |
| Date: |  |