DATE

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| School of Life and Health Sciences |
| Aston University |
| Birmingham |
| B4 7ET |
| www.aston.ac.uk/alp |



Headteacher

\_\_\_\_\_\_ Primary School.

Dear \_\_\_\_\_\_,

Thank you for agreeing to participate in the Aston Literacy Project, investigating children’s reading progress. We are very much looking forward to working with you and your pupils from \_\_\_\_\_ to \_\_\_\_\_\_.

On the first day of their visit the Research Assistants \_\_\_\_\_\_\_ and \_\_\_\_\_ will bring photo identification and their clear enhanced DBS. They will arrive at 8.30am on the first day and 8.45am on subsequent days, staying the complete school day until 3.15pm. During this period, Amy Fox (Research Coordinator) will visit the Research Assistants to support them and to answer any questions you or your staff might have.

The Teacher Information Sheet provides the details about the research. If you have any questions, please do contact us.

Please could you return the approval form to indicate that you are happy to participate in this testing phase, or alternatively our Research Assistants will bring a copy for you to sign when they visit your School.

Yours faithfully,

Dr Laura Shapiro Amy Fox

Senior Lecturer Research Co-ordinator

[l.r.shapiro@aston.ac.uk](mailto:l.r.shapiro@aston.ac.uk) [a.fox2@aston.ac.uk](mailto:a.fox2@aston.ac.uk)

School Copy

Aston Literacy Project: \_\_\_DATE\_\_\_\_

Researcher’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher’s signature ………………………………. Date ………….……………

I have read the teacher information sheet and I give my approval for the above research to be carried out at my school. Although we take full responsibility of the children, parents of the children have been informed of the study and when it is taking place, and given the opportunity to opt their child out of the study if they wish to do so.

Name ……………………………………………..Position ………………………

Signature …………………………………………Date …………………………………