Department of Psychology and Clinical Language Sciences

University of Reading

Harry Pitt Building

Whiteknights Road

Reading

RG6 6AL

# OPT-OUT FORM

**Title of Project: Examining self-concept in adolescents**

Researcher: Emily Hards

Supervisor: Prof. Shirley Reynolds

*Please return this form if you DO NOT want your child to take part in this research.*

I do not agree to my child participating in this research.

Your child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

****

School of Psychology and Clinical Language Sciences

University of Reading   
Harry Pitt Building   
Whiteknights Road

Reading

RG6 6AL

**ASSENT FORM for ages 13-15 years**

**Examining self-concept in adolescents**

**Please circle all you agree with:**

Have you read (or had read to you) the information about this project? **YES/ NO**

Has somebody explained this project to you? **YES/ NO**

Do you understand what this project is about? **YES/ NO**

Do you understand it’s OK to stop taking part at any time? **YES/ NO**

Have you asked all the questions you want? **YES/ NO**

If relevant have you had your questions answered in a way you understand? **YES/ NO**

Are you happy to take part?  **YES/NO**

**If any answers are ‘no’ or you do not want to take part, don’t sign your name!**

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male/female (please circle)

The person who explained this project to you needs to sign too:

Name of Researcher: Emily Hards\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****Department of Psychology and Clinical Language Sciences

University of Reading  
Harry Pitt Building   
Whiteknights Road   
Reading RG6 6AL

**CONSENT FORM FOR ADOLESCENTS aged 16-18 (To be completed by the young person)**

**Examining self-concept in adolescents**

**Please circle all you agree with:**

Have you read (or had read to you) the information about this project? **YES/ NO**

Has somebody explained this project to you? **YES/ NO**

Do you understand what this project is about? **YES/ NO**

Do you understand it’s OK to stop taking part at any time? **YES/ NO**

Have you asked all the questions you want? **YES/ NO**

If relevant have you had your questions answered in a way you understand? **YES/ NO**

Are you happy to take part?  **YES/NO**

**If any answers are ‘no’ or you do not want to take part, don’t sign your name!**

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male/female (please circle)

The person who explained this project to you needs to sign too:

Name of Researcher: Emily Hards\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_