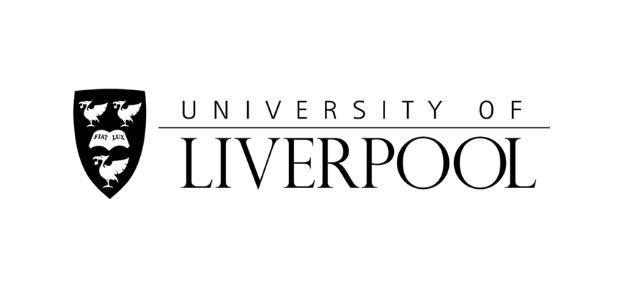
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**Consent Form**

**Project Title:** **Reading Together**

**Please initial box**

**PARENT/GUARDIAN Please read the statements below and initial the boxes before signing.**

* I have read the information in the information sheet dated 19/02/16 for the above study.
* I have had time to think about the information, ask questions and my questions have been answered
* I know that if I have any more questions I can ask for more information at any stage and a researcher will talk me through this
* I also know that if I am uncomfortable with any of the questions, I do not need to answer them.
* I know that taking part is voluntary and that I can leave the study at any time without giving any reason,

without my rights being affected.

* I understand that some of the information collected about me and my child during the study may be looked at by individuals from the University of Liverpool. I agree that these individuals can have access to this information.
* I understand that the information about me and my child from this study will be donated to the UK Data Archive and CHILDES at the end of the study and I agree to allow the following to be made available:

Videos audio files anonymised data (e.g. scores from

language games, transcripts).

* I know that all information which is collected about me and my child during the study will be kept strictly confidential, and, except where I have given permission above, any information about me or my child which leaves the University of Liverpool will have identifying information such as name and address removed so that I and my family cannot be recognised.
* I agree to take part in the above study.

Name of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person

taking consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please initial this box if you would like to receive a copy of our regular newsletter, updating you about the study and our findings.

When completed: 1 copy to be sent to participant; this copy kept for researcher site file.