tlrp-esrc****

**Autonomy, Rights and Children with Additional Support Needs**

**Parent information and consent form**

The aim of this research is to examine how children’s rights are being promoted in the area of special and additional support needs. The research is being conducted by two teams, one based at the University of Edinburgh and one at the University of Manchester.

Parents and carers of children and young people with additional support needs have for some time had a right to have a say in their child’s education. There has been an increasing emphasis on ensuring that the views of children and young people with special and additional support needs are reflected in important decisions relating to their education. This research aims to explore the extent to which children and young people are being given opportunities to participate in everyday decisions about their education and also in disagreement resolution processes. The research will provide information on:

1. The strategies used by schools and local authorities to engage children and young people in educational decision-making;
2. Children’s and young people’s views on their involvement in decision-making relating to their education;
3. Parents/carers’ views on the extent to which their children are active participants in the decision-making process;
4. Factors which promote or inhibit the ability of children’s and young people’s views to be heard and taken into account.

For further information about the project contact:

Professor Sheila Riddell, e-mail: [Sheila.Riddell@ed.ac.uk](mailto:Sheila.Riddell@ed.ac.uk); phone: 0131 651 6597

**Parent/Carer participation agreement**

I am willing to speak to a project researcher about children and young people with special educational needs and their rights to participate in decisions about their education:

YES NO

My contact number/email address

…………………………………………………………………………………...

The most convenient time to contact me is

…………………………………………………………………………………..

**Parent/Carer consent for child to take part**

I have read the information and I AGREE that my child may take part in the ESRC Project, Autonomy, Rights and Children with Special Educational Needs.

YES NO

Child’s name: …………………………………………………………………………………………………….

Parent/Carer name: ………..…………………………………………………….………………………….

Parent/Carer signature: ………………………………………….…………………………………………

Date: ………………………………………………..