**CONSENT FORM FOR CHILDREN**

Title of Project: **Aston Literacy Project: Reading and Vocabulary**

Name of Project Leader: **Dr. Laura Shapiro**

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|  |  | Write your initials here if you agree: |
| 1 | I have seen the sheet about this research project and this sheet has been read out loud to me. I have had a chance to think about this and ask questions. My questions have been answered. |  |
| 2 | I know that I do not have to take part if I don’t want to. I know that I can stop at any time. |  |
| 3 | I would like to take part in this project. |  |

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Name of child Date Signature

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Researcher Date Signature