**CONSENT FORM FOR PARENTS AND CARERS**

Title of Project: **Aston Literacy Project: Reading and Vocabulary in Secondary School**

Name of Principle Investigator: **Dr. Laura Shapiro**

**Please complete this form, put in the envelope provided and either post to us, or return to the school office by [DATE]**

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| --- | --- | --- | --- |
|  |  | Write your initials in the box if you agree: | |
| 1. | I have read and understand the information sheet about this project. I have had time to think about this and ask any questions. | |  |
| 2. | I understand that personal details (e.g., my name or my child’s name) will not be shared with anyone outside the research team. We will share our final anonymous data on the UK data archive, so this can be used by teachers and researchers, but it will not be possible to identify your child from this information. | |  |
| 3. | I understand that I am free to choose whether or not my child takes part. I can ask for my child to stop at any time and I can ask for any information held about my child to be deleted. | |  |
| 4. | I agree for my child to be invited to take part in this project. | |  |
|  | I am the parent (or carer with parental responsibility) of (write child’s first name and surname): | |  |
|  | Child’s secondary school: | |  |
|  | Parent/carer name: | |  |
|  | Parent/carer signature: | |  |
|  | Today’s date: | |  |

If you would like us to send you information about the reading diary please write your email, mobile number, or postal address below. We will also send you reports on our findings and invites to other activities. We will only contact you about this project and you can opt out at any time. **We will never pass on your contact details to anyone outside our research team.**

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| Email/mobile/address: |