**CONSENT FORM FOR \_\_[NAME OF SCHOOL]\_\_\_**

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

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

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|  |  | Write your initials here if you agree: |
| 1 | I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2 | I understand that personal details (e.g., a child’s name or date of birth) 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 pupils from this information. |  |
| 3 | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights or those of my staff or pupils being affected. |  |
| 4 |  I agree for my pupils to be invited to take part in the above study. |  |

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Name of head teacher or their nominee Date Signature

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Researcher Date Signature