**English as an Additional Language (EAL) in Deaf Children with Cochlear Implants**

**Consent Form**

* I have read the information provided about the study on EAL in Deaf Children - Professional Guidance Given to Parents.
* I understand why this study is being done. I understand what it means for my results to be used in this study. I have had the opportunity to ask questions about the study. I am happy with the answers I received to any questions I have asked.
* I agree to the arrangements described in the information on the study and the description of my involvement in this project.
* I understand that my participation in this project is entirely voluntary and that I have the right to withdraw from the study at any time.
* I understand that my personal details will not be used in the study, except to contact me if I choose to provide them to take part in follow up interviews.

Do you consent to taking part in this questionnaire?

Yes

No