

## **IDELA Parent consent form for children**

**DESCRIPTION:** Your child has been invited to participate in a research study on how to support early learning and development in [LOCATION NAME]. The purpose of this research is to determine what support methods best aid young children's early learning and development. You will be asked to

- allow an assessor to speak with your child on mobile. The assessor will ask your child to complete play-based tasks related to emergent literacy, numeracy, socio-emotional development, and fine/gross motor skills.

### **TIME INVOLVEMENT:**

- The assessment will take on average 20 minutes per child.
- Any number of children present on the day can take part in this visit
- It is one on one assessment
- The assessor (NAME) and the child will need a quiet corner of the classroom with a table and 2 chairs

**RISKS AND BENEFITS:** This study represents minimal risks to your child. The primary risk is your child feeling discomfort while speaking to an assessor, but the study will do everything possible to alleviate any discomfort for your child. We will describe the activities to your child in advance and ask if they are willing to participate. If they say "no" then they will not be required to participate.

The benefits which may reasonably be expected to result from this study are to improve early learning programs for young children in [location name]. We cannot and do not guarantee or promise that you will receive any benefits from this study. If you choose not to allow your child to participate in this study, there will be no consequence at all.

**PAYMENTS:** Neither you nor your child will receive any payment for your participation.

**PARTICIPANT'S RIGHTS:** If you have read this form and decided to allow your child to participate in this project, please understand that your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. In addition, your child will be asked for verbal assent on the day of the study and may decline to participate at the time without penalty or loss of benefits to which s/he is otherwise entitled. Your child also has the right to refuse to answer particular questions during the assessment. The results of this research study may be presented at scientific or professional meetings or published in scientific journals.

### **CONTACT INFORMATION:**

**Questions:** If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the [name], [telephone number].

**Independent Contact:** If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the [name], [telephone number].

I agree to allow my child, \_\_\_\_\_, to participate in this study.



*Name of child*

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

*Or, if PARENT IS UNABLE TO SIGN:*

I confirm that I have read this consent form to the child's parent or guardian, and she or he has agreed to allow their child to participate.

\_\_\_\_\_  
**Signature of Assessor**

\_\_\_\_\_  
**Date**

The extra copy of this consent form is for you to keep.