

**Developing a new assessment of language comprehension for young
children: The UK C-BiLLT**
Parent Consent Form

Please initial this box if you agree with the following statements:

Initials

1	I confirm that I have read and understood the Parent Information Sheet (A V2 01.07.2020) for this study. I have had the opportunity to consider the information, speak with a member of the study team and have had any questions answered satisfactorily.	
2	I understand that my child will be invited to take part in three activities for this research. I understand that their participation is voluntary and that they can say no or stop taking part in the study at any time, without giving any reason and without it affecting their care. I understand that information collected up until that point can still be included in the study.	
3	I agree that anonymised information collected for the study can be shared with other researchers for further analysis, teaching, promotion, and publication.	
4	I understand that, as per the Data Protection Act, my information will be stored confidentially and securely. Only anonymous information (a research participant ID number) will be saved on the software for the new assessment that is being developed. My consent for my child and our contact details will be stored in a locked filing cabinet.	
5	I understand that my child's information as given to the study may be looked at by staff from the research team at Newcastle University, and from Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (CNTW). I understand that CNTW will oversee the research and ensure the quality of the research, acting as data controller for the purposes of the Data Protection Act 2018. Only these named organisations and their representatives and regulatory authorities may have access to personal information on myself or my child.	
6	I understand and agree that after the study ends the research information will be stored for up to 21 years, in specialist archiving facilities contracted to CNTW, after which point it will be confidentially destroyed.	
7	I agree for my child to be included in this study, if they indicate willingness to engage with the research activities. I understand that if they indicate they do not want to participate, they will be allowed to leave the task and be withdrawn from the study.	

Name of Child

_____/_____/_____
Name of Parent/ Carer Date Signature

_____/_____/_____
Researcher Name Date Signature