



Language Intervention in the Early Years

Consent form for Parents / Carers

Name of Child:	Date of birth:
Name of Parent/Carer:	
Home Postcode:	

Please put your initials in the box to indicate you have read and agree with the following statements

- 1 I give consent for my child to participate in the study described in the information sheet.
- 2 I consent for the results of my child's assessment to be discussed with their class teacher.
- 3 I consent for the sessions to be recorded; these recordings will be stored securely and confidentially, and they will be destroyed at the end of the study.
- 4 I understand that participation is voluntary and that I am free to withdraw consent at any time, without giving a reason.
- 5 I understand that all information will be anonymised and confidentiality will be maintained in all publications relating to this study.
- 6 I understand that data will be added to an open data repository and may be used by other researchers. It will not be possible to identify the children or school from this open data.

Initials

Summary of findings: I would like to receive a summary of the outcomes of the study at the end of the study in 2022

Parent/Carer signature:	Date:
Researcher signature:	Date:
Telephone number and / or email address (this will only be used if your child moves school or if the school withdraws from the study)	

Please return one copy of this form to your child's teacher

