



**PARENTAL/GUARDIAN CONSENT FORM FOR CHILD PARTICIPATION IN RESEARCH**

**(participation in five assessments over two years)**

**Raising Reading Achievement in Australian Children:**  
*Predicting literacy pathways using web-based screening and monitoring of essential pre-reading skills during the early childhood and schooling years*

I ..... being over the age of 18 years hereby consent to my child ..... participating, as requested in the '**Project Information Sheet**', in the project '**Raising Reading Achievement in Australian Children**'.

1. I have read the information provided.
  2. Details of procedures and any risks have been explained to my satisfaction.
  3. I agree to up to three over-the-shoulder video recording of my child participating in assessments which will be used to verify data collected. These recordings will remain completely confidential and I can request to view these at any point in the study. Videos will be taken in the sight-view of staff at my child's preschool or kindergarten.  
*(Please cross out if you do not consent to this but still wish for your child to participate in the study)*
  4. I give consent for the lead investigator to share my child's six-monthly summary reports with my child's preschool, kindergarten, or school teacher.  
*(Please cross out if you do not consent to teachers also receiving a copy of the summary reports).*
  4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
  5. I understand that:
    - Participation in this project is voluntary.
    - My child may not directly benefit from taking part in this research.
    - My child's information will be confidential through the use of an 'Identification Number' and 'Location Number'.
    - My child is free to withdraw from the project at any time and is free to decline to answer particular questions.
    - While the information gained in this study will be published as explained, my child will not be identified, and individual information will remain confidential.
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- Whether my child participates or not, or withdraws after participating, will have no effect on any treatment or service that is being provided to him/her.
- My child may ask that the assessment be stopped at any time, and he/she may withdraw at any time from the session or the research without disadvantage.
- This project has been reviewed and approved by the Social and Behavioural Research Ethics Committee at Flinders University.

Child's Details:		
Name:		
Date of birth:		
Preschool/Kindergarten:		
Teacher:		
Languages:	Main language spoken: languages spoken:	Other

Parent's Details:	
Name/s:	
Address:	
Home number:	
Mobile number:	
Email:	

**Parent/Guardian signature.....Date.....**

I certify that I have explained the study to the volunteer via the 'Information Sheet for Parents' and consider that she/he freely consents to participation.

**Researcher's name.....**

**Researcher's signature.....Date.....**

**Researcher Contact Details:**  
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