



REGISTRATION FORM FOR PARTICIPATION IN RESEARCH

Preschools and Kindergartens

(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,, consent for our Preschool/Kindergarten (delete one) to participate as required in the 'Project Information Sheet' for the research 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 each child participating in assessments which will be used to verify data collected in the study. These recordings will remain completely confidential and parents can request to view these at any point in the study. Videos will be taken in the sight-view of staff at the preschool or kindergarten.
(Please cross this out if you do not consent to this but still wish to participate in the study)
 4. I am aware that I should retain a copy of the Project Information Sheet and Registration Form for future reference.
 5. I understand that:
 - Participation in this project is voluntary.
 - I will be asked to distribute 'Parents/Guardians Information Sheets' and 'Parent/Guardian Consent Forms'.
 - The lead investigator will be asked to conduct short assessments within my preschool or kindergarten on three occasions.
 - Children's information will be kept confidential through assignment of an 'Identification Number' and 'Location Number'.
 - I am free to withdraw my preschool or kindergarten's willingness to participate at any time.
 - While the information gained in this study will be published as explained, any information related to our preschool/kindergarten and children participating in the study will not be identified, and individual information will remain confidential.
 - I can request that over-the-shoulder video recording be stopped at any time.
 - This project has been reviewed and approved by the Social and Behavioural Research Ethics Committee at Flinders University.
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Name of preschool or kindergarten:

Director's signature **Date**.....

Staff signatures **Date**

..... **Date**

..... **Date**

..... **Date**

I certify that I have explained the study to the Director of the preschool/kindergarten and consider that she/he understands what is involved and freely consents to participation.

Researcher's name.....

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