



School of Occupational Therapy, Social Work & Speech Pathology

Profiling the language skills of adolescents in Curriculum and Reengagement in Education (CARE) Schools in WA

Consent Form for Parent/Caregiver

- I have read this information letter and I understand the aims, procedures, and risks of this project.
- I have been given the opportunity to ask any questions and these have been answered.
- I am willing for my child and myself to become involved in the research project, as described.
- I have talked to my child about the project, and he/she wishes to take part, as indicated by his/her completion of the child consent form.
- I understand that participation in this project is completely voluntary.
- I understand that both my child and I are free to withdraw from participation at any time, without affecting my family's relationship with my child's teacher or my child's school.
- I give permission for the contribution that my child makes to this research to be used in conference talks and published in a journal, provided that my child is not identified in any way.
- I understand that a summary of findings from the research can be made available to me and my child upon its completion.

Please also tick boxes to give permission for:

- my child's responses to be audio recorded to allow scoring to take place.
- my child's results to be released to his/her school.
- I would like to be provided with a summary of my child's results. *Please provide your postal address, or email if preferred:*

Unit/Street number and street name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Child (please print): \_\_\_\_\_

Date of birth (please print): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Parent/Carer (please print): \_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_

Today's date (DD/MM/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of researcher: \_\_\_\_\_