



## ECHOES Project: Consent Form for Parents

Please hand back before <insert date>

ID No: .....

D.O.B: ...../...../.....

We are inviting children to assist the ECHOES team to help design and test new learning software. Information about the project and the role your child will play is explained in the information sheet provided. The type of study that we would like your child to participate in is a Learning Activity/ Design/ Evaluation/ Research study.

**Please circle**

- Have you read the information sheet? YES / NO
- Have you had the opportunity to ask questions and discuss this project? YES / NO
- Have you received satisfactory answers to all your questions? YES / NO
- Have you received enough information about the project? YES / NO
- Do you understand that participation in the project is completely voluntary and your child can withdraw at any time without having to give a reason? YES / NO
- Do you consent for your child to take part in this project? YES / NO

With reference to the use of photographic or video data for presentations, please tick one of the following boxes:

- I AGREE that my child's likeness (e.g. on videotape) can be used for presentations.
- I DO NOT AGREE that my child's likeness (e.g. on videotape) can be used for presentations.

Please date and sign this page below to indicate that you understand and accept the conditions of this study. Thank you.

Name of child participating in study: \_\_\_\_\_

Your relationship to the participant: \_\_\_\_\_

Your Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2009