

THIS IS A SAMPLE CONSENT FORM - PLEASE ADAPT TO YOUR RESEARCH STUDY AND THE RELATED LEGAL / ETHICAL REQUIREMENTS.

**SUGGESTED DRAFT LAST UPDATED 1 SEPTEMBER 2023**

**INFORMED CONSENT FROM PARENT / GUARDIAN FOR CHILD PARTICIPATION: NAME OF STUDY**

**Main researcher: X**

**Researcher's address: X**

**Contact numbers to call should you want further information: X**

**Instructions:**

Please read this form carefully, and ask the researcher (contact details above) to help if you do not understand.

We are conducting research on early childhood programmes (such as preschools, ECD centres, crèches, playgroups, and Grade R classes). This research is being conducted on behalf of an organisation called X. The programmes we are studying include the one that your child is attending. We would like your permission for your child's development to be measured as part of the research.

If your child is selected, an assessor will measure some or all of the following. Your child's -

1. Physical development, such as their ability to coordinate movement
2. Ability to understand instructions and solve simple problems
3. Language development
4. Ability to count and understand simple maths
5. Physical growth e.g. their height
6. Ability to interact well with other children and with their teacher
7. Levels of independence

The assessment will take about 45 minutes and involves a number of fun activities that the child will do with a trained assessor. All children will be told that they can stop the assessment at any time if they do not want to continue.

We may also do a short interview with your child's teacher.

We have put in place careful measures to ensure that the research will not harm your child. We will not report the results of your child's tests except as required for this research project and everything will be kept confidential. However, if we see that there is a serious health problem with a child, we may inform the school so that the parent can get help.

At the end of the research we will write a report. Your child's name will not appear in that report. The child's scores will be used only for research purposes, for public good. We will not be providing individual reports on each child.

**CONSENT FORM: PLEASE READ, SIGN AND RETURN THIS FORM TO YOUR CHILD'S TEACHER**

I understand that my child may be selected to participate in a research study that will measure some or all of the following:

1. Physical development, such as their ability to coordinate movement
2. Ability to understand instructions and solve simple problems
3. Language development
4. Ability to count and understand simple maths
5. Physical growth e.g. their height
6. Ability to interact well with other children and with their teacher
7. Levels of independence

I understand that the results will be used solely for research purposes, for public good. This means that the information we collect will be used to help promote greater access to good quality early childhood programmes for young children in South Africa.

I understand that the results of my child's tests will remain confidential, but may be shared with the school if we believe there may be a serious health issue.

I understand that I am not being forced to give permission for my child to be assessed. I also understand that my child will not be forced to participate in the assessment, and nothing will happen to him/her if they do not want to participate.

I understand that my child will not be excluded from the school/ECD programme if I do not agree to let my child participate in this research.

I also understand that neither I nor my child will be given anything in return for participating in the research and that this research will not provide an individual report on my child's development.

**Parent / caregiver name:**

**Child's name:**

Did this child attend a preschool programme (for example an ECD centre, playgroup, day mother group, crèche) or Grade R last year?

**PLEASE TICK ONE OF THE BOXES BELOW**

I AGREE THAT MY CHILD CAN PARTICIPATE IN THIS RESEARCH STUDY

**OR**

I DO NOT AGREE THAT MY CHILD CAN PARTICIPATE IN THIS RESEARCH STUDY

**VERY IMPORTANT: PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER AT THE NEXT SESSION. IF YOU DO NOT SEND IT BACK WE SHALL ASSUME THAT YOU HAVE NO OBJECTIONS TO YOUR CHILD'S PARTICIPATION.**

**Thank you very much for completing this form.**