

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

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 need help understanding.

We are conducting research on early childhood programmes (such as preschools, ECD centers, creches, 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 your child will do with a trained assessor. All children will be told that they are allowed to 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 your child, we may inform the school so that your child can get help.

At the end of the research, we will write a report. Your child's name will not appear in that report. Your child's scores will be used only for research purposes. In line with this purpose, we may track your child's performance in the above measures from now until they are 7 years old. 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. 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. In line with this purpose, I understand that my child's performance may be tracked in the above measures from now until they are 7 years old. However, I further understand that I may withdraw this consent at any time.

I understand that the results of my child's tests will remain confidential, but may be shared with the school if it is believed 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 them 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 your 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

Parent / caregiver signature

Date

VERY IMPORTANT: PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER AT THE NEXT SESSION.

Thank you very much for completing this form.