



Tools for Schools: a prototype toolkit for ADHD interventions to be used in primary school teaching.
Consent form for parents or guardians on behalf of children – Draft version 2: December 2021



I have read the provided information sheet, dated December 2021, concerning Tools for Schools project and I understand what it is about.
I fully understand what is expected of me and all my questions have been answered to my satisfaction.
I understand I am free to request further information at any stage.

As a **parent or guardian on behalf of my a child**, I am aware that:

(please circle Yes or No)

1. My child's participation is entirely voluntary. Yes / No
2. I am able to withdraw my child's participation from the project without consequence or disadvantage. Yes / No
3. I understand that relevant sections of the data collected during the study may be looked at by members of the research team (individuals from the University of Exeter) where it is relevant to my taking part in this research. I give my permission for these individuals to have access to my records. Yes / No
4. The researchers do not anticipate any of the participants to experience any discomfort or harm during the project. Yes / No
5. I can contact the researchers with any questions, queries or worries at any point during the study (using the contact details provided in the information sheet). Yes / No
6. My child's data will be anonymous in any published works relating to the project. Yes / No
7. In the future, my child's anonymous data may be used in other related research. Yes / No
8. Recordings can be taken of interviews and class groups my child takes part in. Yes / No
9. My child will take part in lessons that may ask them to do things differently from other classmates. Yes / No
10. My child will be asked to complete questions that other children will not do. Yes / No

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11. My child might be asked to leave the classroom to do different learning/lessons, Yes / No
for example daily report cards.

12. Records (e.g. photographs) may be taken of my child's work. Yes / No

13. In the future, researchers may contact me again to follow up on my child's progress.
Yes / No

By signing below, I agree/consent to take part in this research project.

.....
(Printed name of child)

.....
(signature of child)

.....
(Date)

.....
(Printed name of parent/guardian)

.....
(signature of parent/guardian)

.....
(Date)

.....
(Printed name of researcher)

.....
(signature of researcher)

.....
(Date)

