



**Tools for Schools: a prototype toolkit for ADHD interventions to be used in primary school teaching.**

**Consent form for Parent(s)/Guardian(s) – 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/guardian** I am aware that:

(please circle Yes or No)

- |  |          |
|--|----------|
| 1. My participation is entirely voluntary.   | Yes / No |
| 2. I am able to withdraw 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 data will be anonymous in any published works relating to the project.   | Yes / No |
| 7. In the future, my anonymous data may be used in other related research.   | Yes / No |

Parent Consent Form

8. Recordings can be taken of interviews and class groups I will take part in. If you select Yes now, I can still decline consent later on. Yes / No
9. Further interventions in class will be used to adapt tasks with the aim of improving class behaviour and/or learning of my child. Yes / No
10. My presence at meetings for the project throughout the year will be requested, and I can decline if necessary. Yes / No
11. I will complete forms on behalf of my child concerning their behaviour and attitude and at home. Yes / No
12. I will participate in information sessions/training about ADHD and mental health, provided by the researchers. Yes / No
13. During the 10-week follow-up period after the toolkit has been used with your child, you may be approached to follow up on their development and progress – this is process is entirely optional. Yes / No

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

.....  
(Printed name of Parent/Guardian)

.....  
(signature of Parent/Guardian)

.....  
(Date)

.....  
(Printed name of researcher)

.....  
(signature of researcher)

.....  
(Date)

