



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

Consent form for participants – 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 **SENDCo**, I am aware that:

(Please select either 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 |
| 8. Recordings may be taken of interviews and focus groups I will take part in. | Yes / No |
| | Yes / No |

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9. I will be the point of contact for recruitment of parents and children into the project.

10. I will be supported by the project team in my conversations with the parents, i.e. conversations with parents that may wish to pursue a diagnosis. Yes / No

11. I will be responsible for helping adapt general toolkit interventions to a child's specific needs (modules and strategies). Yes / No

12. I may be contacted in the future by the researchers to follow up. Yes / No

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

.....
(Printed name of SENDCo)

.....
(signature of SENDCo)

.....
(Date)

.....
(Printed name of researcher)

.....
(signature of researcher)

.....
(Date)

