



Research Project:
Investigating Response to Reading Intervention in Children with Reading Difficulties

Informed Consent Form

Please complete this form to confirm that you are happy for your child to take part in this study.

	Initials
1. I have read and understood the enclosed information sheet and I have the contact details of the research team for this project.	
2. I understand that participation is voluntary and I am free to withdraw my child within 2 months' time from the completion of the study without giving any reason.	
3. I understand that all the information collected regarding my child will be held on a safe and secure database.	
4. I understand that when a verbal response is required an audio-recording might be required for later analysis.	
5. I declare that my child has not been diagnosed with autism, learning difficulties, psychological or psychiatric disorder, uncorrected visual or hearing impairment.	
6. I understand that the information about my child is confidential and will only be seen by the research staff involved in the research project.	
7. I understand that information will only be published in a way in which individuals cannot be recognized.	
8. I agree for my child's anonymised data to be shared with the UK Data Archive, a U.K. archive for the social sciences and humanities.	
9. I understand that the assessment of my child's reading abilities in the present project is for the purposes of research only, and is not a formal assessment that will result in a diagnosis of dyslexia.	
10. I understand that my child will be offered a reading intervention if assessments indicate that they may have reading difficulties, and am happy for them to take part in this intervention.	
11. I understand that my child will be randomly assigned to either the October 2019 – January 2020 intervention group, or the February 2020 – May 2020 intervention group, and am happy for them to take part in either group.	
12. I understand that EEG recording will be used in the present study, and am happy for my child to complete the EEG game.	
13. I agree for my child to take part in the above study.	

Signature: _____

Date of completion: ____/____/____

Child's name: _____

Child's date of birth: ____/____/____

Name of your child's school: _____

Name of your child's class/teacher _____

Please return this form, along with the parent/guardian questionnaire, to your child's school by 30th September 2019.