

Consent Form for Head of School

**Research Project Reading and Dyslexia in Deaf Children II:
The special case of deaf children who sign**

I agree to take part in the above City University research project. I have had the project explained to me, and I have read the information sheet for heads of schools, which I may keep for my records. I understand that agreeing to take part means that I am willing to:

- allow children in my school to be included in the study
- allow children in the study to be assessed at school at convenient times during school hours
- distribute invitations to participate and consent forms to parents of children that match the inclusion criteria
- receive summaries of results of the assessments, if parents agree

Data Protection

I understand that any information collected on children in my school is confidential, and that no information that could lead to the identification of either the school or any child in my school that takes part in the study will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.

I understand that this information will be used only for research purpose(s) and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.

Withdrawal from study

I understand that participation is voluntary, that we can choose not to participate in part or all of the project, and that we can withdraw at any stage of the project without being penalised or disadvantaged in any way.

Name:(please print)

Signature:

Date:

School:.....

Address:.....

.....

School telephone number:.....

e-mail address (optional).....