

Dear

Research project title / dates of research period

Our school is involved in a research project to [details of research project].

Please find enclosed with this letter some information sheets which will tell you more about the project, and give my contact details in case you have questions you would like to ask me.

We would like to ask for your permission for your child to be involved in this research. If you agree to his or her participation, we will:

[Here list the activities involved in your research – below are the activities from another research project]

- Read information about your child's needs and learning
- Work with your child using an 'engagement approach', which personalises learning for your child
- Developing learning resources for your child
- Observing him or her during the school day
- Working alongside your child
- Seek his or her views or preferences
- Collecting information related to your child's learning.

We will at all times operate within school policies, and have the wellbeing of your child at the heart of all research activities. Everyone working with your child will have a current CRB Check.

Any data which identifies your child will be kept confidential to the project and school. If we wish to use it outside the project (e.g. as part of an article or presentation), we will ask for your permission before we do so. The data identifying your child will be anonymised and kept securely. You have the right to see any of the information relating to him or her.

With this letter, please find also an information sheet which describes the rights of you and your child if you agree to his or her participation in this research project.

At the end of the project, the outcomes will be available in a project report. We will send a copy to you.

If you would like to find out more about the project or have any questions, please contact us.

To give your permission, please complete one copy of the form attached and return it to your school. Please keep the other form for your records.

With kind regards

**[Research project]
(Time period)**

PERMISSION

Once you have read the information, please complete the following form:

		Please tick to show your response:	Yes	No
1	I understand the aims of the research, and agree that my child can participate in the research project.			
2	I have received and understood the information explaining the research.			
3	I understand I may withdraw my child from the research at any time, without prejudice.			
4	I understand that everything which is recorded shall remain confidential to the project, and that nothing will be reported in any way that could identify me or my son/daughter in without my permission.			

If you would like to talk to someone further about the project, please tick here

Child's name

School

I agree to my child taking part in the research project as described in this letter.

Signature Date

I am this child's parent/legal guardian (please sign)

Print name

Please return this form to your child's school. Thank you.

[Project title]

PERMISSION FOR MY CHILD TO BE VIDEOD OR PHOTOGRAPHED

During the course of the project, we would like to collect video and still camera evidence to support the research project findings around teaching and learning strategies for children with complex learning difficulties and disabilities.

This letter is to ask for your permission to video or photograph your child over the course of the research project.

Any video or photographs we take of your child will be held securely in a locked cabinet or in a secure computer filing system.

It will be seen only by the school, the research team and their advisors. If, at a later date, we would like to use your child's photo in a report, article or presentation, we will ask for your permission to do so first.

You may withdraw your permission for your child to be videoed or photographed at any time without prejudice.

To give permission, please would you sign, date and return one copy of this form to the SSAT Research Assistant, and keep the other for your own reference?

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[Project title]

PERMISSION FOR MY CHILD TO BE VIDEOD OR PHOTOGRAPHED

I give/do not give (please delete unwanted words) my permission for the school to take still and video camera pictures of my child in the course of [Research project title] (time period).

I understand that:

- Any photographic material taken will be held securely.
- Only the school, the research team and their advisors will have access to the material.
- I will be asked for my permission if the research team wanted to show or print the video/still images outside this group.
- I can withdraw my permission without prejudice.

Child's name School.....

Signature..... Date.....

I confirm that I am this child's legal guardian.....(Please sign)

Print name.....

Please return this form to your child's school. Thank you.