



INFORMED CONSENT
Early Learning Outcomes Measure (ELOM)

Contact numbers to call should you want further information:

Instructions:

Please read carefully. Ask somebody to help if you cannot understand.

We are trying out a new way of measuring children's development. We are going to measure a lot of children at your child's school. We are going to measure:

1. Their coordination of movements;
2. Their ability to understand instructions and solve simple problems;
3. Their language development;
4. Their ability to count.

This will take about 45 minutes for each child. All children will be told that they can stop the assessment at any time if they do not want to continue. We will not report the results of the tests to anyone and everything will be kept confidential. However, if we see that there is a serious health problem with a child, we will inform the teacher so that the parent can get help. At the end of the research we will write a report, but no child's name will appear in that report. The child scores may be used for research purposes. On the next page we ask you whether you agree that your child can be assessed or not.

Thank you very much for completing the form.

PLEASE DO NOT FORGET TO GIVE IT TO YOUR CHILD TO BRING TO SCHOOL!

CONSENT FORM

VERY IMPORTANT: PLEASE SEND THIS FORM BACK TO SCHOOL WITH YOUR CHILD ON THE NEXT SCHOOL DAY. IF YOU DO NOT SEND IT BACK WE SHALL ASSUME THAT YOU HAVE NO OBJECTIONS TO YOUR CHILD'S PARTICIPATION.

PLEASE PRINT THE NAME OF YOUR CHILD'S SCHOOL HERE:		
.....		
PLEASE PRINT YOUR CHILD'S NAME HERE:		
.....		
PLEASE READ:		
I understand that the tests will not harm my child and that they will measure the child's height, language ability, counting, and ability to solve some problems. I understand that the results of my child's tests will remain confidential. I understand that the child scores may be used for research purposes.		
I understand that I am not being forced to give permission for my child to be assessed. I also understand that my child will not be forced to participate and nothing will happen to him or her if they do not want to. I also understand that neither I nor my child will be given anything for participating in the research.		
PLEASE PRINT YOUR NAME HERE:		
IF YOU AGREE THAT YOUR CHILD CAN PARTICIPATE, <u>MAKE AN X HERE:</u>		
IF YOU DO NOT AGREE THAT YOUR CHILD CAN PARTICIPATE, <u>MAKE AN X HERE:</u>		
<u>PLEASE SIGN HERE:</u>		
PLEASE FILL IN TODAY'S DATE HERE: DAY..... MONTH 201		
Did <u>this</u> child attend a preschool (an 'ECD/Educare centre' or crèche) for the whole of last year? (Make an X in the block that applies to your child)	YES	NO