

**Québec Longitudinal Study of Child Development (QLSCD-E11)  
"I am, I'll be" – 2008**

**Consent Form for the Teacher**

I understand that this form is part of the study entitled "I am, I'll be". I have been advised that the PURPOSE of this study is to collect information that will help gain a better understanding of factors that can influence child development and success in school in Québec.

I understand that BIP (*Bureau d'intervieweurs professionnels*) and *Direction Santé Québec* of the ISQ (*Institut de la statistique du Québec*) have obtained the consent of the parents for the child to participate in this study.

I understand that a person employed by the BIP survey firm, with identification from *Direction Santé Québec* of the ISQ, will hand me or send me a questionnaire. I have been informed that I will fill out this questionnaire on a student in my class, and that I may also be asked to fill out one or two other questionnaires on a child(ren) participating in the "I am, I'll be" study. I will then return the completed questionnaire(s) to BIP by mail

I understand that between February 25 and June 2, 2008, if the visit with the child takes place in the school, I should allow the child to leave the class for one hour and 15 minutes. The interviewer from BIP/ISQ will conduct activities with the child, involving vocabulary and mathematics, and will fill out a questionnaire with him/her. She will also measure the child's weight, height, girth (with a witness present) and sitting height.

I understand that my participation in this study is entirely VOLUNTARY, of MY OWN FREE WILL, that the information I provide will be treated as CONFIDENTIAL and ANONYMOUS, and that NO NAMES will appear in the reporting of the results. All information that I provide or which I authorize the use thereof, will be handled and protected in accordance with the ACT RESPECTING THE INSTITUT DE LA STATISTIQUE DU QUÉBEC and the ACT RESPECTING ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION.

I, the undersigned, freely consent to take part in this longitudinal study. I certify that I was given enough time to come to this decision on my own.

I, the undersigned, further understand that I am free to withdraw my consent to participate at any time without penalty to me in any way.

\_\_\_\_\_  
Name of Teacher (Please print in capital letters)

\_\_\_\_\_  
Signature of teacher (in ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School School Number

\_\_\_\_\_  
School Tel. number:

\_\_\_\_\_  
First and last name of Child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Class No.

**Thank you for returning this form in the prepaid envelope  
as soon as possible to :  
BIP/Santé Québec  
C/O Ms Véronique Dorison  
630 Sherbrooke Street West, Suite 210  
Montréal (Québec) H3A 1 E4  
or by fax: 514-798-1654**