

RESPONSE SHEET
Principal

To: BIP – Ms Véronique Dorison (“I am, I’ll be” - E11)
Fax No.: **514-798-1654**

From:

Date: _____

Authorization Form

Québec Longitudinal Study of Child Development (QLSCD E11)
or “I am, I’ll be”

Name of School:

School Number:

Tel:

The principal authorizes the conducting of the QLSCD in the school:

Yes _____ No _____

The principal has given the teacher(s) of the child(ren) in fourth grade the envelope containing information needed for their participation in the study:

Yes _____ No _____

To arrange an appointment to conduct the study, we will contact the principal. If you would like us to contact someone else for this purpose, please specify:

Name: _____

Tel.: _____

Signature of Principal

For children in the “I am, I’ll be” study, please write the name of the child’s teacher and the class number in the table below.

	Last Name and First Name of Child*	Date of birth	Teacher’s Name	Class Number
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Please fax or mail this authorization form as soon as possible to:

BIP/Santé Québec
Ms Véronique Dorison
630 Sherbrooke Street West – Suite 210
Montréal (Québec) H3A 1E4
Tel.: 514-843-7304 or toll-free 1-877-843-7304
Fax: **514-798-1654**

Please call us if you have any questions

Thank you for your cooperation!

* Please note that children’s names may be added to this list after reception of additional consent forms.