

Québec Longitudinal Study of Child Development (QLSCD  
or "I am, I'll be") – Round 2010

Authorization Form for School Principals

Name of School Principal:

Name of school :

School Number:

Tel :

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

Yes \_\_\_\_\_ No \_\_\_\_\_

The principal's office has given the QLSCD documents to the teacher of the child(ren) participating in the study:

Yes \_\_\_\_\_ No \_\_\_\_\_

The principal will be contacted to arrange the visit with the child. If you would like someone else to be the contact person, please write their name and phone number below:

First and last name of contact person: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date Signed

Please confirm the identity of the teacher and write the name of the class of the child(ren) participating in the QLSCD:

|  | Last Name and First Name<br>of Child* | Date<br>of birth | Teacher's<br>Name | Class<br>Number |
|--|---------------------------------------|------------------|-------------------|-----------------|
|  |                                       |                  |                   |                 |

Thank you for returning this form as soon as possible to:

by fax : 514-798-1654

or by mail :

Bureau des intervieweurs professionnels  
C/O Mrs Véronique Dorison  
630, Sherbrooke West Street, suite 210  
Montréal (Québec) H3A 1 E4

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

**Please destroy all the QLSCD documents containing the identity of the child(ren) before June 10, 2010.**