

Québec Longitudinal Study of Child Development
QLSCD (E13) – 2010

Consent Form for the Teacher

1. I understand that:

- 1.1. 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;
- 1.2. *Bureau d'intervieweurs professionnels (BIP)* and *Institut de la statistique du Québec (ISQ)* have obtained the consent of the parents for the child to participate in this study ;
- 1.3. A person employed by the survey firm BIP with identification from the ISQ will either mail me or give me a questionnaire in person which I will fill out and return to BIP by mail. This questionnaire provides a means of assessing certain aspects of the child's behaviour and the school environment he/she is experiencing. The average time it takes to fill out the questionnaire is 35 minutes.
- 1.4. It is possible that I will be asked to fill out one or two additional questionnaires for one or two other students participating in the "I Am, I'll Be" study. I should also fill these out and return them to BIP by mail.
- 1.5. Some time between February 22 and May 31, 2010, if the visit with the child takes place at the school, I will allow the child to leave the class for approximately 60 minutes. The BIP interviewer will fill out a questionnaire with the child and will measure his/her height and weight.
- 1.6. my participation in this study is entirely VOLUNTARY, of MY OWN FREE WILL;
- 1.7. I freely consent to take part in this longitudinal study;
- 1.8. I am free to withdraw my consent to participate at any time without penalty to me in any way;
- 1.9. The information I provide will be treated as CONFIDENTIAL 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.

2. I consent:

- 2.1. To willingly participate in this longitudinal study and to destroy all QLSCD documents containing the identity of the child before June 10, 2010. I certify that I was given enough time to come to this decision on my own.

Name of Teacher (Please print in capital letters)

Signature of teacher (in ink)

Date

Name of School - School Number

School Telephone number

First and last name of Child

Date of Birth

Class No.

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