

Consent form for friend's parents

1. **Title of research project:** Québec Longitudinal Study of Child Development
QLSCD (E7) – 2004 Round
2. **Objectives of research project:**

Since 1998 we have been carrying out a study of the development of children in Québec. For this purpose we have been following a cohort of some 2000 children since birth. The children in this cohort were selected at random from all the children born from 1997 to 1998 so as to be representative of all children in Québec. Each year since birth their parents have filled out a questionnaire concerning the development of their child.

This year, these children are in kindergarten, and their parents have authorized us to ask their teacher to fill out a questionnaire concerning their behaviour, their performance in school, and their social relations. **We are also interested in the children's friendships with other children.** For this reason, we are asking the teacher to also fill out a short questionnaire concerning the best friends of the children we have been following since birth. **Your child was identified as the best friend** of one of the 2000 students of our longitudinal cohort. We would like to obtain your authorization to ask your child's teacher to fill out a short questionnaire concerning his or her behaviour as well as his or her friendship with the child in our cohort. The information contained in this questionnaire will be strictly confidential and will not be used other than for our research (that is, to learn about the characteristics of the friends of our 2000 child-subjects and the quality of their friendships). **No other involvement is required from you or your kindergarten-age child.**

3. **Research team**

The Institut de la Statistique du Québec in collaboration with researchers at the Université de Montréal, Université Laval and McGill University.

4. **Sources of funding**

Various ministries involved + Fondation Chagnon

5. **Advantages and benefits**

Your consent authorizing the teacher to complete a questionnaire concerning your child will not provide any specific benefit other than knowing that your collaboration has contributed to furthering our understanding of child development.

6. **Inconveniences and risks**

Your authorization of this part of the study entails no risk whatsoever for your child.

7. **Confidentiality**

All the results obtained as part of the Québec Longitudinal Study of Child Development QLSCD (E7) - 2004 Round are **strictly** confidential. The results will be reported only by number, and only duly authorized individuals will have access to the list identifying which results correspond to the number assigned to each child.

Teachers' questionnaires will be stored in a locked filing cabinet in a closed room, and will be destroyed five years after the project has been completed.

In order to assure that the research is carried out properly, it is possible that a representative of the research ethics committee or representatives of the funding agents may consult the research data on a confidential basis.

All the data obtained will remain confidential, and no details concerning specific individuals will be published or divulged. It is possible that the general results obtained from this study will be published or made public.

8. **Freedom of participation**

Your authorization for the teacher to complete a questionnaire concerning your child is completely voluntary. You and your child are completely free to accept or refuse; your refusal will not harm you in any way. You and your child can withdraw your consent and terminate your participation in this study at any time, without any penalty to you or your child. Nor will you be required to explain or justify your decision.

9. **In case of questions or difficulties**

For more information concerning this research, please contact the coordinators of this part of the study: Ms H el ene Beauchesne, (514) 345-2182, or Ms H el ene Beaumont, (514) 345-2178

10- Consent

N.B. Whether or not you accept to participate in this part of the Québec study on child development, we kindly ask you to return this form as quickly as possible to your child's kindergarten teacher, after you have circled your choice A or B below and signed it. To return the form, please ask your child to give the form to his teacher.

The nature of and activities in the present part of the study have been explained to me. I have carefully read and I understand the present information and consent sheet.

The risks and potential inconveniences have been explained to me. I have been given the opportunity to ask questions, and in that event, I have received satisfactory answers to my questions.

I understand that the various elements involved in carrying out this part of the study have been reviewed and approved by the ethics committee of the Institut de la Statistique du Québec.

I am free to withdraw from this study at any time and for any reason, without any penalty to me or my child.

I have been assured that the data obtained as part of this study will be treated confidentially, within the limits of the law.

I understand that by signing the present consent form, I am in no way giving up my legal rights, or those of my child.

A- I consent freely and voluntarily to my child's kindergarten teacher filling out a questionnaire concerning him or her, and dealing with the development of my child.

B- I do not consent to my child's kindergarten teacher filling out a questionnaire concerning him or her, and dealing with the development of my child.

Child's name (Please print)

Parent's name (Please print)

Parent's signature

Date