

RESPONSE SHEET

To: BIP – Ms. Camille Marchand and Ms. Véronique Dorison (QLSCD-QEF) (E9)
Fax No.: (514) 798-1654

From:

Date: _____

Authorization Form

Québec Longitudinal Study of Child Development (QLSCD 2003-2011)
or "I am, I'll be" and "Québec en forme" (QEF)

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 second 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 (if applicable) and the class number in the table below.

	Last Name and First Name of Child*	Date of birth	Teacher's Name	Class Number

For children in the QEF program, a similar list will be sent to you shortly by BIP, if applicable.

Please fax or mail this authorization form as soon as possible to:

BIP/Santé Québec
Ms. Camille Marchand and Ms. Véronique Dorison
630, Sherbrooke 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.