

Québec Longitudinal Study of Child Development (QLSCD 2003–2011)
(E9) "I Am, I'll Be" and QEF – 2006

Consent Form for the Teacher

I understand that this form is part of the study entitled "I Am, I'll Be" and of the evaluation of the *Québec en forme* (QEF) program (if applicable). 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.

I understand that BIP (*Bureau d'intervieweurs professionnels*) and *Direction Santé Québec* of the ISQ (*Institut de la statistique du Québec*) have obtained the consent of the parents for the child to participate in this study and the QEF assessment.

I understand that a person employed by the BIP survey firm, with identification from *Direction Santé Québec* of the ISQ, will hand me or send me a questionnaire. I have been informed that I will fill out this questionnaire on a student in my class, and that I may also be asked to fill out one or two other questionnaires on a child(ren) participating in the "I Am, I'll Be" study. I will then return the completed questionnaire(s) to BIP by mail. If children in my class are part of the evaluation of the QEF program, I understand that I will also fill out one or more questionnaires on these children (a list of the children will be soon sent by BIP, if applicable). I will also return these completed questionnaires to BIP by mail.

I understand that in March, April, May or June 2006, if the visit with the child takes place in the school, I should allow the child to leave the class for one to two hours. The interviewer from BIP/ISQ will conduct activities with the child, involving reading, writing, and mathematics, and will fill out a questionnaire with him/her. She will also measure the child's height and weight. With regards to the QEF tester, he/she will conduct psychomotor (running, jumping, playing with a ball, etc.) and physical condition tests (sit-ups, long jump, body fat measurements). All these tests will be conducted both with the children participating in the "I Am, I'll be" study and those participating in the QEF program.

I understand that my participation in this study is entirely VOLUNTARY, of MY OWN FREE WILL, that the information I provide will be treated as CONFIDENTIAL and ANONYMOUS, and that NO NAMES will appear in the reporting of the results. All information that I provide or which I authorize the use thereof, will be 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.

I, the undersigned, freely consent to take part in this longitudinal study. I certify that I was given enough time to come to this decision on my own.

I, the undersigned, further understand that I am free to withdraw my consent to participate at any time without penalty to me in any way.

Name of Teacher (Please print in capital letters)

Signature of teacher (in ink)

Date

Name of School School Number

School Tel. number:

First and last name of Child

Date of Birth

Class No.

Thank you for returning this form in the prepaid envelope as soon as possible to :

BIP/Santé Québec

C/O Ms. Camille Marchand and Ms. Véronique Dorison

630 Sherbrooke West, Suite 210

Montréal, QC

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