

Consent Form for Participating in the QLSCD and Authorizing Contact with My Child's School

I hereby authorize *Direction Santé Québec (DSQ)* of the *Institut de la statistique du Québec (ISQ)*:

1. To permit an interviewer trained by BIP (*Bureau d'intervieweurs professionnels*) and the *DSQ* to conduct activities with my child at his/her school or at home, whichever I choose, the goal being to collect data on his/her development, and fill out a questionnaire with him/her. If I choose to have the interview with my child be conducted at the school, I authorize the *DSQ* to request this from the school principal.
2. To contact the principal of my child's school so he/she can give my child's teacher a questionnaire for him/her to fill out on my child's experience at school, or if my child is interviewed at home, to send the questionnaire directly to the teacher.
3. To obtain from the *ministère de l'Éducation, du Loisir et du Sport du Québec (MELS)* (Ministry of Education, Recreation and Sport) my child's permanent code in order to access information held by the *MELS* listed on the reverse side of this form.
4. To send data collected on me, my child or the people I represent, in an anonymous form (i.e., not revealing my name, address and telephone number) to organizations (universities, ministries, etc.) who are partners in this study, the list of which appears on the reverse side of this form. I understand that I can obtain a list of the researchers who work in or are affiliated with these organizations upon request, and that they will have signed a confidentiality agreement before data on me or the people I represent are sent to them.

I understand that 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.

I also understand that to confirm my participation in future rounds of this survey, *Direction Santé Québec* of the *ISQ* will contact me in the coming years.

I understand that an interviewer from BIP with identification from *Direction Santé Québec* of the *ISQ* will contact me, then fill out a computerized questionnaire in person with me in my home (which will take approximately 45 minutes). A self-administered questionnaire (for the mother or spouse/partner) will also be sent to me by mail. I will fill it out (duration – 25 minutes) and give it to the interviewer. Either at school or at home (whichever I choose), the interviewer will conduct three activities with my child, the first involving reading, the second writing, and the third mathematics. She will also measure my child's height and weight. The total duration of the activities and measurements will be approximately 25 minutes. The interviewer will also fill out a questionnaire with my child which will take approximately 20 minutes.

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 about ME, MY SPOUSE/PARTNER OR MY CHILD/CHILDREN, 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.

PLEASE CHECK ONE OF THE FOLLOWING:

Yes, I accept to complete the computerized questionnaire in my home and that the interview with my child will be held at the school

Yes, I accept to complete the computerized questionnaire in my home and that the interview with my child will also be held in my home

Signature of Respondent (in ink)

Date

First Name of Child

Last Name of Child

TO FILL OUT EVEN IF THE CHILD IS INTERVIEWED AT HOME:

Name of Child's School

City or Municipality in which the School is Located

Regional code and phone number of the school

Last Name and First Name of Child's Teacher

Thank you for returning this form to us no later than November 30, 2005

The following information held by the *ministère de l'Éducation, du Loisir et du Sport* (Ministry of Education, Recreation and Sport) will be used by *Direction Santé Québec* of the ISQ until the end of the survey, the only purpose being to verify the names and addresses of consenting respondents and the schools attended by their children:

- Presence of the student: student is registered and present in the school board on September 30 and after September 30
- Organization: code of the school board
- Number of the school
- Last and first name of the student
- Code of the building and its name, address and telephone number: the *building* in which the student in the public school system is being taught
- Permanent residence of the student: civic number, street (street, avenue, rural route, etc.), municipality, postal code, location of the dwelling, telephone number

The following educational institutions and organizations have researchers who are using the data from the survey:

- *Université Laval*
 - *Université de Montréal*
 - Concordia University
 - *Université du Québec à Montréal*
 - *Université du Québec à Chicoutimi*
 - *Université du Québec à Trois-Rivières*
 - *Université de Sherbrooke*
 - University of Ottawa
 - McGill University
 - University of British Columbia
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- *Ministère de la Santé et des Services sociaux and its affiliated organizations*
 - *Ministère de la Famille, des Aînés et de la Condition féminine*
 - *Ministère de l'Éducation, du Loisir et du Sport*
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- Lucie and André Chagnon Foundation