Participation and Consent Statement

Thank you for your interest in the *"Evaluating the Quality of Education, Health and Care Plan outcomes for primary school students with Down syndrome in England"*. By completing this form you are confirming that you have understood:

- The information letter provided to you
- That participation is voluntary and you can withdraw at any time
- That if you have any questions, you can contact Camilla Brooks by email camiljb@student.uv.uio.no or phone +47 980 93 516

Please tick the boxes that you agree with below. If you do not tick a box, we will assume you do not agree to that point

**if you do not agree with points 1-4, unfortunately, you will be unable to participate as pertinent information regarding your child's EHCP cannot be evaluated*

No.	Statement	Please tick if you agree
1	I agree that information found in the *general information* section of my child's most recent EHCP (full name, date of birth, sex, school and address) can be collected as part of this research project as outlined in the information sheet and privacy notice. *	
2	I agree that information found in *Section B* of my child's most recent EHCP (educational needs) can be collected as part of this research project as outlined in the information sheet and privacy notice. *	
3	I agree that information found in *Section E* of my child's most recent EHCP (outcomes identified) can be collected as part of this research project as outlined in the information sheet and privacy notice. *	
4	I agree that findings from the research project utilizing information and evaluation from my child's EHCP from above points *No. 1-3* can be used in future follow-up research regarding quality of outcomes. *	

5	I agree for the research team to retain my contact details in order to contact me during the research project and provide me with a summary of the findings for this study.	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice.

Your Child's Details:

First Name:

Date of Birth: (DD/MM/YY) Parent/Guardian Phone:

Last Name:

Parent/Guardian Email:

By signing this form, you are agreeing to participate in the research project, share your child's most recent EHC Plan document with researchers and the statements you have ticked above.

_____ _____ _____

Name of Parent/Guardian Signature Date

You will be given a copy of this participation agreement form to keep and refer to at any time. A second copy of the participation agreement form will be kept by the research team.