

Child's Informed \$ V V H Q W Form

My name is Mr. Nevill. I am a school psychologist and work in your school a few days a week. I am also a student and need to complete a research study as homework. I would like you to help me with a research study. I am going to tell you about my research study so you can decide if you want to help me or not help me with this study. It is OK for you to ask me questions about the study. My phone number and e-mail address is listed at the bottom of this page. If you have questions and would like to discuss them with someone else, you can speak to Mrs. XXXX or Mrs. XXXX in the main office. They will be able to answer your questions. I would like you to help me because you are a student in the fourth/fifth/sixth grade at XXXX Elementary School.

I would like to know what students like you think about reading. I will also ask one of your teachers to answer some questions a

If you would like to help me in my study, please print and sign your name on the top of the yellow signature page. If you do not want to participate please sign at the bottom of the yellow signature page and return. Please keep the white copy for your records.

Lead Researcher:  
Mr. Mark Nevill  
BLaST IU 17  
P.O. Box 3609  
Williamsport PA 1770  
E-mail:  
Phone:

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724/357-7730).

**CHILD VOLUNTARY FORM: SIGNATURE PAGE**

**(PLEASE RETURN THIS FORM WITH THE PARENT FORM)**

I understand the information on the form and agree to participate in this study. I understand that no one will know my individual answers. I have the right to change my mind and not participate at any time. I have an unsigned copy (yellow copy) of this informed consent form.

Child's Name (PLEASE PRINT)

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Child's Signature

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Parent/Guardian Signature

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Date

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I do not want to participate in this study.

Child's Name (PLEASE PRINT)

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Parent/Guardian Signature

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Date

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