

Québec Longitudinal Study of Child Development
QLSCD (E7) – 2004 Round

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

I hereby authorize *Direction Santé Québec* of the *Institut de la statistique du Québec*:

1. to give this duly-signed form to a research team at the *Université de Montréal* allowing them to contact the principal of my child's school, and allowing an interviewer trained by them and *Direction Santé Québec* to conduct activities or games with my child in kindergarten at his/her school, and evaluate his/her physical condition. I understand that the interviewer will give my child's teacher a questionnaire to fill out regarding my child's development in school, and will ask the school for a copy of my child's report card;
2. 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 collaborators in this study, namely researchers affiliated with the following universities: *Université Laval*, *Université de Montréal*, *Concordia University*, *Université du Québec à Montréal*, *Université de Sherbrooke*, *University of Ottawa* and *McGill University*, as well as researchers at the *ministère de la Santé et des Services sociaux*, *ministère de l'Emploi, de la Solidarité sociale et de la Famille* and the *Lucie and André Chagnon Foundation*. I understand that I can obtain a list of these researchers 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 "In 2002... I was 5 years old!". 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 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 year.

I understand that an interviewer from a survey firm with identification from *Direction Santé Québec* of the *ISQ* will contact me to conduct a telephone interview or an in-person interview at my home to fill out the questionnaire with me. I have been informed that the interview lasts on average about 1 hour and 30 minutes. Questionnaires will also be sent to me by mail or will be given to me during the interview in my home (if applicable). I and my spouse/partner will fill them out and return them by mail or give them to the interviewer. An interviewer from or trained by the *Groupe de recherche en inadapation psychosociale chez l'enfant (GRIP)* research team at the *Université de Montréal* will conduct seven short activities or games with my child in kindergarten at his/her school and will evaluate his/her physical condition. The total duration of the activities, games and evaluation will be approximately 2 hours and 30 minutes. The interviewer will also fill out a questionnaire with my child for a duration of approximately 15 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.

Signature of Respondent (in ink)

Date

First Name of Child

Last Name of Child

Name of Child's School

Address of School (no., street, municipality, postal code)

Name of Principal

Telephone Number of School

Thank you for returning this form to us as soon as possible!