



## Informed Consent Form for Parents/Guardians of Participants

Phase 2b: Pilot Trial. Parents/caregivers of primary school children in Grade 1 to 2.

Project ID: 22515  
Project title: The Pillar Project - Supporting primary school students to develop key executive function skills  
Chief Investigator: Dr Hannah Kirk

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Completing some short questionnaires about my child’s development and behaviour	<input type="checkbox"/>	<input type="checkbox"/>
My child completing up to 20 training sessions using a new touchscreen training program	<input type="checkbox"/>	<input type="checkbox"/>
My child completing computerised assessments of executive function skills before and after using the new training program	<input type="checkbox"/>	<input type="checkbox"/>
Being contacted by researchers involved in this project about future projects I may be interested in.	<input type="checkbox"/>	<input type="checkbox"/>
Data collected during this project being shared with other related projects at Monash University.	<input type="checkbox"/>	<input type="checkbox"/>
My child’s school receiving information about my child’s performance if requested	<input type="checkbox"/>	<input type="checkbox"/>

Child’s First Name: \_\_\_\_\_

Child’s Surname: \_\_\_\_\_

Child’s Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Child’s Gender: \_\_\_\_\_

Name of Child’s School: \_\_\_\_\_

Child’s Grade: \_\_\_\_\_

Child’s Teacher: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Relationship to child (participant): \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Please Turn Page Over**

Is your child of Aboriginal or Torres Strait Islander Origin?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No
Does your child have an intellectual disability (IQ < 70)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any <i>physical</i> issues that would impact on their ability to complete computerised cognitive assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please specify:</b> <hr/>
Is your child non-verbal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a formal diagnosis of a developmental or neurological disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please specify:</b> <hr/>
Would you like to be informed of the overall results of this research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Study surveys will be emailed to you for completion online, however if you prefer to complete paper surveys please select this box and these will be posted out to you instead	<input type="checkbox"/> I prefer paper surveys

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_