



## **LDAEIC Erdiston Informed Consent Document**

**This document must be read and signed by parents/guardians of the child/ward and returned to the child's/ward's teacher at the school.**

- I understand that my child/ward \_\_\_\_\_  
(Please PRINT Full Name of Child/Ward)  
has been identified for literacy diagnostic testing to be administered by a Trained Assessor at the Literacy Diagnostic Assessment and Early Intervention Centre (LDAEIC) at Erdiston College.
- I understand that I am free to ask any questions at any time about any aspect of the literacy diagnostic testing process.
- I understand that all information, including my child's/ward's personal information and all test results, will be processed confidentially and will be anonymised in such a way that only the relevant individuals at the Centre can trace the information back to my child/ward. I also understand that the testing sessions will be recorded so that the most accurate sourcing and analysis of literacy data can be achieved.
- I understand that as parent/guardian, I reserve the right to be informed about all official reports written about my child's/ward's literacy status, the results of any/all diagnostic assessments administered to my child/ward, and to be briefed about any/all planned intervention procedures to be undertaken by his/her teacher.
- I understand that all diagnostic assessment results obtained from my child/ward may be used in future Literacy Research studies to improve the diagnostic process at the Centre.

I, \_\_\_\_\_ (PRINT NAME) give consent to my child/ward  
\_\_\_\_\_ (PRINT NAME OF CHILD/WARD) to participate in diagnostic testing at  
LDAEIC Erdiston, Erdiston Teachers' Training College, Bridgetown, Barbados.

Signed: \_\_\_\_\_

Date: