



## CONSENT FORM

Dear Foster Parent/Parent/Guardian:

We are conducting an evaluation to help us understand if the Ages and Stages Questionnaire (ASQ/ASQSE) will help us promote better development in children. We are interested in seeing whether this tool is helpful in helping children develop according to their age. This evaluation is being conducted by the Niagara Infant Mental Health Pilot Advisory Committee and the support of Infant Mental Health Promotion and Sick Kids Hospital.

The Niagara Infant Mental Health Pilot Project Advisory Committee is comprised of; Strive Niagara (formally AFSSN), Pathways Academy, A Child's World, YMCA, Family and Children's Services Niagara, Pathstone Mental Health, Early Childhood Community Development Centre, Healthy Babies Healthy Children, Infant and Child Development Services of Niagara, Speech Services Niagara, Children's Services Niagara Region, Hannah House, Childcare Sector, Toronto CAS, and Infant Mental Health Promotion.

There are 9 Pilot Sites who will be participating from January-September, 2015. These sites will complete ASQ/ASQSE with families from their programs. After 4 months you will be asked to complete another questionnaire that will examine how your child's development has changed. The data collected from the completed ASQ/ASQSE will be evaluated to measure the effectiveness of the tool.

Your family's data will always be identified by number rather than name. Yours and your children's names and numbers will never appear together on a single list, and no names will be used in any report of the research findings. Information about you and your child will be kept in a locked cabinet, and only people directly involved in the research will be able to look at the responses. Yours and your child's responses will only be discussed with those who are directly involved with your family's care. Data and consent forms will be kept in a locked filing cabinet; once the pilot project is completed they will be destroyed.

During any part of the evaluation, you are able to stop participating without any change in the quality of services you receive from (Participating Agency). There are no known risks associated with this evaluation and there will be no penalty if you decide to stop.

If you would like to receive more information about our Pilot Project, please contact \_\_\_\_\_ We sincerely appreciate your cooperation. It is only through the help of parents like you that researchers can learn more about how our services may be helpful.

Thank you very much,

\_\_\_\_\_

( \_\_\_\_\_ )

## CONSENT FORM

I have read and understood the letter describing the Pilot Project.

I agree to take part in this Pilot Project.

Child's Name (please print): \_\_\_\_\_

Foster Parent's/Guardian Name (please print):  
\_\_\_\_\_

Signature of Foster Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

I would like to share my experiences

Contact Phone Number: \_\_\_\_\_

Best time to call: \_\_\_\_\_