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PRINCIPAL CONSENT FORM - RAINE STUDY

I, _____, the Principal of

(Principal=s name)

(name of school)

have read the brochure 'Information for Teachers' explaining the ten year old follow-up of the Western Australian Pregnancy Cohort (Raine) Study.

I agree that the Investigators conducting this research project may obtain the results of the Year Five Western Australian Literacy and Numeracy Assessment from the Education Testing Centre at the University of New South Wales for _____, provided that the Investigators

(name of child)

have received written parental consent.

I understand that no assessment results will ever be released that will identify any individual child or school.

Dated _____ day of

(day)

(month)

(year)

Signed _____ (School Principal)