**Faculty:** Choose your faculty.

**Department:** Click or tap here to enter Dept.

**Date:** Click or tap to enter a date.

**Research Title:** Click or tap here to enter research title.**.**

Dear parents,

I am Click or tap here to enter your name from Click or tap here to enter your instituation name. I will conduct a study tap to write Research Title in which your child (son/daughter) is part of the sample. So, I hope you agree that your child (son/daughter) to participate in my research previously explained.

The study consists of the following activities which your child (son/daughter) will be involved in:

* Click or tap here to enter Nature of activities that the child will undertake.
* Click or tap here to enter duration of the study and the duration of the child's activities.
* Click or tap here to enter the researcher's role in observing that children during activity time.
* Click or tap here to enter whether the sessions will be recorded or not and how.
* Click or tap here to points out whether you will return to the academic, medical or counseling record of the child

Please note that your child’s data that will not be revealed by anyone but meenter your name and the phrase "and my supervisor" and his name (for graduate students). At the end of the study, a collective summary of the participants’ results will be provided, so any parent can access these results if they wish so. If you would like to receive the result's summary, please indicate this at the end of this form with your email address. If you do not wish to provide us with your email, you can access the results summary of the study through the following website: www. edu.yu.jo

Please determine if you agree your child's participation in this study or not by choosing one of the following choices. Sign both copies, keep one for documentation purposes, and send the other to the researcher.

□ Yes, I do grant permission for my child to participate in the study of Click or tap here to enter your name, Click or tap here to enter your research title in brief.

□ No, I do not grant permission for my child to participate in the study of Click or tap here to enter your name, Click or tap here to enter your research title in brief.

Parent’s name …………………………………………………….…. Parent’s signature …………………………..…………..

Child's name: …………………………………………………….…. Date: ………………………………..………………………….….

Parent’s e-mail: ……………………………………………………………………………..…………….…. (in case you hope getting a copy of the study's results).

**For inquiries, please contact:**

**Researcher's name:** Click or tap here to enter your name

**Researcher's mobile number and e-mail:** enter a contact number**,** enter your email address

**Supervisor's name in relation to higher education students:** enter name of the supervisor (if applicable)

**Sponsor agency:** tap here to enter sponsor agency