



The University of Manchester

ESRC Project: Autonomy, Rights and Children with Special Educational Needs

Parent/Carer participation agreement

I am willing to speak to a project researcher about children and young people with special educational needs and their rights to participate in decisions about their education:

YES

NO

My contact number/email address

The most convenient time to contact me is

Parent/Carer consent for child to take part

I have read the information and I AGREE that my child may take part in the ESRC Project, Autonomy, Rights and Children with Special Educational Needs.

YES

NO

Child's Name:.....Parent/Carer Name.....

Parent/Carer signature.....Date.....