

Consent Form for Direct Observations (Parent on Behalf of a Child)

Please complete this form if you agree to your child taking part in a direct observation.

✓ Please tick each statement to confirm your understanding:	
I have had the opportunity to ask questions, and all my questions have been answered fully.	☐
I understand I do not have to agree to the observation.	☐
I know I can stop the observation at any time, without giving a reason.	☐
I understand that this consent is for this one session only.	☐
I understand I may be asked to provide feedback about the student's practice after the session, but I do not have to give feedback if I do not wish to.	☐
I understand that my child may be asked to provide feedback about the student's practice after the session, but I do not have to give feedback if I do not wish to.	☐
I understand that no personal or identifying information about my child or family will appear in the student's portfolio or be shared with the university.	☐
✓ Please tick each statement to confirm your agreement:	
I agree to the student being observed while they work with my child.	☐
I agree that the student may include a write-up of the session in their anonymised placement portfolio.	☐

Your Name (please print): _____

Your Child's Name (please print): _____

Signature: _____

Date: _____

Student's Name: _____

Practice Educator's Name: _____

Note for PE: Once signed, you need to store this form securely until the outcome of the placement is confirmed by the relevant Practice Assessment Panel. After which, this form should be destroyed.