

Aspirations through time:**Senior school transition planning experience of Queensland students with disability****QUT Ethics Approval Number 1900000836****Research team**

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- Have read and understood the information regarding this research project.
- Have had any questions answered to your satisfaction.
- Understand that if you have any additional questions you can contact the research team.
- Understand that you are free to withdraw without comment or penalty. However, you understand that if you decide to withdraw after data has been de-identified and verified, the anonymised data will continue to be analysed and used.
- Understand that if your child decides to withdraw from the study your participation and the participation of the school staff member will automatically cease.
- Understand that if you have concerns about the ethical conduct of the research project you can contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.
- Understand that the research project will include an audio recording.
- Confirm that your child meets the inclusion criteria for the study – your child has a disability and is completing or have completed Year 10 in a regular school in Queensland (not a special school).
- Will discuss with researcher any accommodations and/or adjustment that may be required for your child to participate in the study.
- **Agree to your child participating in the research project.**

Name of parent/guardian _____

Signature of parent/guardian _____

Phone _____

Email _____

Date _____

Please return this signed consent form to the researcher.**Please turn over for the student consent.**

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Research team

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This form is to seek your consent to participate in the research. If you are under 18 years old, your parent or guardian has given their permission for you to be involved in this research project.

By signing below, you are indicating that you:

- Have **read and understood** the information about this research project.
- Have **discussed** the research project with someone who is able to support you in making a decision (if you are under 18 years of age this is your **parent/guardian**).
- Have had any **questions answered** to your satisfaction.
- Understand that if you have any additional questions you can contact the research team.
- Understand that you are **free to withdraw without comment or penalty**. However, you understand that if you decide to withdraw after data has been de-identified and verified, the anonymised data will continue to be analysed and used.
- Understand that if you decide to withdraw your parent/caregiver and school staff member will be automatically excluded from the study.
- Understand that if you have **concerns about the ethical conduct** of the research project you can contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.
- Understand that the research project will include an **audio recording**.
- **Agree to participate** in the research project.

Name of
student _____Signature
of student _____

Phone _____

Email _____

Date _____

Please return this signed consent form to the researcher.**Please turn over for the parent/guardian consent (under 18).**