



University of South Australia.

Possible Selves Research - Year 10 students.

REPLY SLIP and CONSENT FORM.

(PLEASE SEND RETURNS TO THE FRONT OFFICE OF THE SCHOOL.

**(To be sent to Geoff A. Higgs, University of South Australia,
St Bernard's Rd, Magill.)**

School Name: _____

Name of student: _____

Class/Form: _____ **House:** _____ **Teacher(s):** _____

Possible Selves and the Motivation of High School Students.

I have read and understood the Information Sheet on the above project and understand that my child is being asked to answer questions about their future thoughts, their feelings of self-esteem, how optimistic they are and their degree of persistence to complete assigned tasks. They will be surveyed once in year 10 and again in year 12.

I understand that my child may not directly benefit by taking part in this research.

I understand that while information gained in the study may be published, my child will not be identified and all individual information will remain confidential.

I understand that I can withdraw my child from the study at any stage up until the end of the collection of data in year 12.

I understand that there will be no payment for my child taking part in this study.

I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.

I consent to my child being involved in this project.

Signed _____ Date ____/____/____

Relationship to child _____

Name of child _____