

Evaluation of Primary Science Quality Mark

Please only complete if you do NOT want your child's data to be used in this trial

If you are happy for your child's data to contribute to this trial, then you do not have to do anything.

If you do NOT want your child's data to be used for this research, you can withdraw your child via returning this form to the school or completing a form online.

I, the undersigned, hereby do NOT give permission for my child's data to be used for the purposes of the trial of the Primary Science Quality Mark.

Child's full name: _____

School: _____ Class _____

Parent/guardian name: _____

Parent/guardian signature: _____

Date: _____