

# Request to share E-DLD data

Researchers at [insert institution] wish to access, in an anonymous format, some of the information you provided when you signed up the E-DLD database or in our yearly questionnaires. The information they specifically wish to receive is indicated in the below table. Please initial (if my paper) or write in your initials (if electronic) if you agree we can share the information with [external researchers].

 [researchers, please delete all rows for data you do not require for your research project. Please request only the data that you require.]

|  |  |
| --- | --- |
| Type of information requested | E-DLD member’s initials |
| Ethnicity of child |  |
| Ethnicity of parent |  |
| Sex of parent |  |
| Sex of child |  |
| Relationship to child |  |
| Family details (information on siblings, including ages but **not** dates of birth) |  |
| Areas of Speech and Language the child/individual with DLD struggles with |  |
| Other conditions that affect the child/individual with DLD |  |
| Information on Education, Health or Care plan/Special Education Needs support or similar support |  |
| Details of SLT or Educational Psychologists assessments of language, reading or cognitive ability |  |
| [measurements within the yearly questionnaire - see attached table for information available from yearly surveys.] |  |
| [Ect.] |  |

I fully and freely consent to my information being shared with [researcher details]. I understand that the information I have agreed to share will be shared in an anonymous format, such that my name or details that could identify me will not be linked to the information shared with [researcher details].

I agree for the above information to be shared as described above with [researcher details].

Name \_\_\_\_\_\_\_\_\_\_

[child’s name] \_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_