

## Declaration of consent

I have been informed about the research project “**BiFoKi – Bielefelder Fortbildungskonzept zur Kooperation in inklusiven Schulen**”. I confirm that I have taken note of the leaflet titled “Project information for families and children” with details about the BiFoKi project

I hereby consent to my child

\_\_\_\_\_, born on: \_\_\_\_\_  
My child's first name and surname in capital letters Day, Month, Year

taking part in data collection within the framework of the research project. Moreover, I agree that a teacher of the class may give information about the potential need for special support for my child and current support measures. All details shall be handled in strict confidence. The consent is issued voluntarily. I can revoke the consent to further processing of the data at any time; my personal data shall not be processed further upon revocation.

\_\_\_\_\_  
City, date

\_\_\_\_\_  
Surname, first name in capital letters

\_\_\_\_\_  
Parent's/Guardian's signature

Further information regarding data protection can be found on our project homepage:  
**[www.bifoki.de](http://www.bifoki.de)**

### ***Project team BiFoKi***

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### ***Data Protection Officer of Bielefeld University***

**Anja Schmid**

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