**PARENT CONSENT FORM: VIDEO RECORDING**

**Title of project:** *An analysis of the teachers’ Discourse when teaching basic genetics concepts in*

*South African classrooms*

**Name of researcher:** Shungu Mupfawa

I, ………………………………………., agree that my child/ward may participate in this research project. The research has been explained to me and I understand what my child’s/ward’s participation will involve.

**Please circle the relevant options below.**

I agree that my child’s/ward’s participation will remain anonymous **YES NO**

I agree that my child/ward may be video recorded during the classroom **YES NO**

observations

I understand that the video recordings and transcripts will be **YES** **NO**

stored in a password protected computer

………………………………………………………………………………..….. (Signature of parent)

………………………………………………………………………………….… (Name of parent)

………………………………………………………………………………….… (Date)