

Research Participation Registration

Hello!

Want to stand a chance to win **£20 voucher or £10 voucher** by just taking part in a survey.

All you need to do, will be answer a few questions from your S2 mathematics portion to help us.

Sign up now!

Note: This is for a research project involving children aged 13 and above who have completed S2. The aim of the project is to understand and track the knowledge of the children participating using this to improve the Intelligent Tutoring System (ITS). The children will be expected to answer a set of questions from their S2 mathematics syllabus.

Check out this [Google Doc](#) for more information.

Once registered, further instructions for the questionnaire will be available at the end of the form.

Thank you!

* Indicates required question

Above 16?

I understand that the questionnaire may not pose much of a challenge for you, but your participation in the survey would greatly benefit me. Your valuable data is crucial in making my project more comprehensive and informative.

1. Full name *

2. Age *

3. Parent/Guardian email (if under 16), *
or your email if you're over 16.

4. What year will you go into in August '23? *

Mark only one oval.

☐ S3

☐ S4

☐ S5

☐ Other: _____

Consent form

CHILD CONSENT INFORMATION -

https://docs.google.com/document/d/1cPDR85EIOxE1-lfz-TblvIC8d1oy_Z5uk-C7S9ZmAbU/edit?usp=sharing

5. Are you willing to participate in this research? *

Please read the above document before answering this question.

Mark only one oval.

☐ Yes

☐ No

6. Are you 16 or above? *

Mark only one oval.

☐ Yes

☐ No *Skip to question 7*

Parent/ Guardian Consent Form

Please read the following attached documents for more information and then fill this form to provide consent for your child to participate in this study.

PARENT/GUARDIAN CONSENT INFORMATION -

<https://docs.google.com/document/d/1uSHOBIs7Eumxe7Pk3zrZIPY4N9cGUIMMtDqzltvs2AY/edit?usp=sharing>

THANK YOU!

Link to the survey will be given at the end of the form

7. Name of Parent/Guardian *

8. Your relationship to the young person participating *

9. Parent/Guardian E-mail address *

10. Do you agree to your child taking part in this study. *

(Please read the description given in the beginning before answering this question)

Mark only one oval.

☐ Yes

☐ No

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