

Informed Consent Form
(Copy to parents or guardians)

I, _____ (name of the parent or guardian), agree with the participation of _____ (name of the child) in the study "Effects of three body-oriented intervention programs on preschoolers' social-emotional competence", implemented by Andreia Rodrigues, Master in Psychomotricity, and supervised by Professor Dr. Guida Veiga, Professor Dr. José Marmeira, and Professor Dr. Clarinda Pomar. This study was approved by the Direction Board of the school and by the Ethics Committee of the University of Évora.

The intervention programs focus on relaxation activities and/or in loose parts play, being implemented in the school. Before and after the intervention programs some measurements will be collected to examine the impact on children's social-emotional outcomes.

All instruments will be collected by the same researcher throughout the different stages of testing, in the school. In this way, filmed tasks will be applied to children (e.g., emotion identification through some drawings of facial emotion expressions), and questionnaires will be given to parents or guardians and teachers to understand the effects of the intervention programs on children's social-emotional development.

By participating in this study, I will be contributing to the fulfillment of scientific research with social value, that will enable new knowledge about preschool education and contribute to the promotion of children's health and well-being.

Similar studies show that the instruments used directly and individually with children do not interfere with their well-being and that they have fun and engage positively during their application. My participation and my child's participation are voluntary, and we can withdraw at any time, or refuse to participate with no consequences. I was assured that all data will be collected and analyzed confidentially. The results of this study may be published in a scientific journal. Published data will not concern one child, but the group of children that participated in the study. However, **if I authorize it**, the images collected may be used for the purpose of disseminating the study.

I understand the procedures.

I will be able to request more information about the study through the contacts of the responsible researcher - andreia.s.rodri@gmail.com (965388789).

Please scratch the option that does not matter:

I authorize / I do not authorize my child to participate in the study.

I authorize / I do not authorize the collected video/images to be used for the dissemination of the study.

Date: 01/11/2021

Signature: _____

Responsible researcher signature: _____

Informed Consent Form
(Copy to investigation group)

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