**Informed Consent Form**

**Study Title:** Views of School Counselors Regarding Supporting Parents' Psychological Well-Being in Preschool Special Education Settings: A Qualitative Study

**Researchers**

**Principal Investigator**

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**Ethics Approval**

This study was conducted in accordance with the principles of the Declaration of Helsinki and was approved by the **Ethics Committee of Anadolu University** (Approval Code: **733896**; Approval Date: **May 28, 2024**).

**Invitation to Participate**

You are invited to participate in a research study examining school counselors' experiences and perspectives regarding supporting the psychological well-being of parents of children with special needs in preschool special education settings. Before deciding whether to participate, please carefully read the information below. Participation is entirely voluntary.

**Purpose of the Study**

The purpose of this study is to explore:

1. School counselors' views regarding the problems experienced by parents of children with special needs;
2. The approaches used by school counselors to support parents;
3. Institutional and contextual factors influencing counseling services; and
4. Professional development needs related to supporting parents' psychological well-being.

**Procedures**

If you agree to participate:

- You will participate in an online focus group interview.
- The interview will last approximately 60–90 minutes.
- Interviews will be conducted via a secure online platform (e.g., Zoom).
- With your permission, audio and video recordings may be obtained for research purposes.
- Questions will focus on your experiences and opinions regarding supporting parents of children with special needs.

**Voluntary Participation**

Your participation in this study is entirely voluntary.

You may:

- Decline to answer any question;
- Withdraw from the study at any time without penalty or negative consequences;
- Request that your data not be used, provided the analysis has not yet been completed.

**Risks and Discomforts**

No significant risks are anticipated. Some questions may evoke emotional reactions when discussing challenging professional experiences. You may choose not to answer any question or discontinue participation at any time.

**Benefits**

Although there may be no direct personal benefit, your participation may contribute to improving school counseling services and professional development opportunities in preschool special education settings.

**Confidentiality**

- All information obtained during the study will be kept confidential.
- Participants' names and identifying information will not be included in any reports or publications.
- Pseudonyms or participant codes will be used instead of names.
- Audio recordings and transcripts will be stored securely and accessed only by the research team.
- Data will be retained according to institutional regulations and then securely destroyed.

**Use of Audio/Video Recordings**

□ I agree to the audio recording of the interview.

□ I agree to the video recording of the interview.

□ I understand that recordings will be used solely for research purposes and will remain confidential.

**Compensation**

No monetary compensation will be provided for participation.

**Questions About the Study**

If you have any questions regarding the study, please contact:

**Principal Investigator**

**Prof. Dr. Ibrahim H. Diken**
Faculty of Education
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Phone: +90 506 316 3141
E-mail: **ihdiken@anadolu.edu.tr**

For questions regarding your rights as a research participant, please contact:

**Ethics Committee of Anadolu University**
Anadolu University, Türkiye

**Participant Statement**

I have read and understood the information provided above. I have had the opportunity to ask questions and have received satisfactory answers. I understand that participation is voluntary and that I may withdraw from the study at any time without penalty. By signing below, I voluntarily agree to participate in this study.

**Participant Name: _____**

**Signature: _____**

**Date: _____**

**Researcher Name: Prof. Dr. Ibrahim H. Diken**

**Signature: _____**

**Date: _____**