**Investigation: Relationship between handedness and hemispheric dominance**

**Information letter**

Dear student,

As part of this psychology unit, you will be collecting data to examine the relationship between handedness and hemispheric dominance.

Participants will be involved in completing a short questionnaire to determine their handedness   
(left- or right-hand dominance and the strength of this dominance) and their hemispheric dominance   
(left- or right-brained). Data will be collected during regular class time.

To safeguard anonymity, students’ written responses will be identified by a code number and all individual student data will be shredded at the completion of the unit.

To give your consent to being involved in this investigation, please read, complete and sign the attached consent form.

Your parent or guardian must also provide consent for your participation in this investigation. If they agree, please ask them to also sign the provided consent form.

Even if you have signed the consent form, you may withdraw from this investigation at any time. There will be no consequences if you do not want to participate, or if you initially agree to participate and later decide to withdraw. Your rights and responsibilities are detailed in the consent form.

Please ask me if you do not fully understand the information provided or if you would like further information or have any concerns about what is required of you in this investigation.

Yours sincerely

Sandra Burns

Science and Psychology Teacher

Southern River College

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**Investigation: Relationship between handedness and hemispheric dominance**

**Consent form**

Participant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigation title: The relationship between handedness and hemispheric dominance

Teacher’s name: Ms Sandra Burns

I consent to participate in the research investigation named above. The nature of the research, including the procedures, has been explained to me, and is summarised in the information letter I have been given.

I give permission for the responsible teacher, named above, to use the outlined investigation procedures with me.

I understand that:

(a) I am free to withdraw from the investigation at any time. There will be no consequences if I decline to participate or if I initially agree to participate, but later decide to withdraw.

(b) The investigation is for the purpose of teaching and learning.

(c) The confidentiality of the information I provide will be safeguarded. Written responses will be identified only by a code number in order to ensure that responses are anonymous.

(d) There are no known adverse effects of participation in this investigation.

(e) I will maintain the confidentiality of other participants in this investigation.

**Please return this signed consent form to your teacher.**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student)

**Students under the age of 18 may participate in this investigation only if a parent or guardian completes the following section.**

I consent to the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the above research investigation.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_