

Informed Consent – Session One

Title of Research: Bellevue Believes: Design Thinking as a Catalyst for Community Development in Bellevue, Pennsylvania

Researcher(s): *Donald Kent Kerr and Dr. Bruce Parsons*

We ask you to be in a research study that will: explore how design-thinking integrates into and supports the process of establishing community identity and branding, communications platforms, and developmental efforts, as well as what unique challenges these methodologies create or solve. Additionally, this study will observe the influence of design-thinking on the creation of social capital and any potential exposure and impact on community disassociation, identity decline, and misaligned public perception within the borough of Bellevue, Pennsylvania.

If you choose to be in the study, you will be asked to participate in a stakeholder mapping. Stakeholder mapping is a design thinking method intended to identify stakeholders and potential participants for a study or topic of interest. Participants will be promoted with a brief list of lead in questions and asked to list potential participants to a whiteboard or poster board. This process will take approximately 30-minutes to 45-minutes to complete. With your permission, we would digitally-record the session.

This study has no more risk than you may find in daily life.

If you decide to be in this study, you may not benefit from being a part of it.

You can choose not to be in this study. If you decide to be in this study, you may choose not to answer certain questions or not to be involved in parts of this study. You may also choose to stop being in this study at any time without any penalty to you.

There are no costs to you for being in this study. There is not payment for you taking part in this study.

If you decide to be in this study, what you tell us will be kept private unless required by law to tell. We will present the results of this study, but your name will not be linked in any way to what we present.

If at any time you want to stop being in this study, you may leave the study without penalty or loss of benefits by contacting: Donald Kent Kerr or Dr. Bruce Parsons 540-818-1669.

The data collected in this research study will be kept confidential. Participation in research may involve some loss of privacy. We will do our best to make sure that the information about you is kept confidential, but we cannot guarantee total confidentiality. Your personal information may be viewed by individuals involved in the research and may be seen by people including those

collaborating, funding, and regulating the study. We will share only the minimum necessary information in order to conduct the research. Your personal information may also be given out if required by law, such as pursuant to a court order. While the information and data resulting from this study may be presented at scientific meetings or published in a scientific journal, your name or other personal information will not be revealed.

We will collect your information through recordings, interviews, and photography. This information will be stored in an encrypted cloud-based system. Names will be omitted from collected data and substituted for coded names or pseudonyms.

We will request that all participants respect the confidentiality of the group and do not share any other participant's responses outside of the group. However, we cannot guarantee your privacy or confidentiality because there is always the possibility that another member of the group could share what was said. Pseudonyms will be assigned to each participant, and during the course of the interview and in all notes, you will only be referred to by your pseudonym.

Photographs and audio recordings will be collected during this study and used to codify and report on collected data. The recordings will be kept a minimum of three years. The recordings will not be shared with the general public. You do have to agree to be recorded in order to participate in the main part of this study.

If you give the research team permission to quote you directly, the researchers will give you a pseudonym and will generalize your quote to remove any information that could be personally identifying.

You should not be in the study if you have any physical or mental illness or weakness that would increase your risk of harm from the study.

If at any time you want to stop being in this study, you may stop being in the study without penalty or loss of benefits by contacting: Donald Kent Kerr or Dr. Bruce Parsons 540-818-1669.

If you have questions now about this study, ask before you sign this form.

If you have any questions later, you may talk with Donald Kent Kerr or Dr. Bruce Parsons 540-818-1669.

If this study raised some issues that you would like to discuss with a professional, you may contact Dr. Bruce Parsons 540-818-1669.

This study was approved by the Radford University Committee for the Review of Human Subjects Research. If you have questions or concerns about your rights as a research subject or have complaints about this study, you should contact Dr. Orion Rogers, Interim Dean, College of Graduate Studies and Research, Radford University, jorogers@radford.edu, 1-540-831-5958.

It is your choice whether or not to be in this study. What you choose will not affect any current or future relationship with Radford University.

You will be given a copy of this information to keep for your records.

If all of your questions have been answered and you would like to take part in this study, then please sign below.

Signature

Printed Name(s)

Date

I/We have explained the study to the person signing above, have allowed an opportunity for questions, and have answered all of his/her questions. I/We believe that the subject understands this information.

Signature of Researcher(s)

Printed Name(s)

Date

I do or do not give my permission to the investigators to quote me directly in their research.

I do or do not give my permission to the investigators to be photographed.

I do or do not give my permission to the investigators to be audio recorded.

Participant Name (printed): _____

Signature: _____ Date: _____