

PARENTAL INFORMED CONSENT DOCUMENT

Transportation Assets and Barriers

Title of Study: **Iowa's Living Roadways Community Visioning Program**

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This is a research study. This form is a request for your permission for your child to participate in the Community Visioning Program for the town of _____. Please take your time in deciding if you would like your child to participate. Please feel free to ask questions at any time.

INTRODUCTION

Since 1996 the Iowa State University Department of Landscape Architecture has been administering the Community Visioning Program, a program that assists small Iowa towns in developing local transportation enhancements plans. The purpose of the program is to provide a service to communities that they might otherwise not be able to afford. Your community is one of several selected to participate in the visioning process.

Your child is being invited to participate in a focus group and photo exercise to represent the perspective of the children in your community regarding their experiences and needs as a transportation system users. We also would like to use this information for a research project on rural transportation use.

DESCRIPTION OF PROCEDURES

If you agree to your child's participation in this process, his/her participation will last approximately 2 hours and 30 minutes: 1 hour for the focus group and 1 hour and 30 minutes for the photographing activity. The meeting is being conducted by visioning project staff at a local venue in your community. During the workshop, photos may be taken for use on the Community Visioning Program website and/or annual report.

Focus Group: The focus group will consist of only other children. Participants will be asked a series of questions related to community enhancements. An audio recording will be made during this process in order to obtain accurate transcriptions. However, names will not be attached to any comments transcribed and participants will not be identified by name on any written materials. An expert transcriber who will adhere to our confidentiality standards will finalize the transcripts. Participation in the focus group is voluntary and your child does not have to answer any questions or participate in any discussion or activity that makes him/her feel uncomfortable.

Photographing Activity: You will be asked to accompany your child to go out into the community and photograph existing barriers and opportunities for enhancements using a GPS-enabled digital camera provided by the project. Participants will then return to the local venue to upload the photos and return the cameras. Participation in the mapping exercise is voluntary. CHILDREN WHO PARTICIPATE IN THE PHOTO PROCESS WILL BE ACCOMPANIED BY AN ADULT.

RISKS

There is no expected risk or discomfort to participants in the visioning process.

BENEFITS

If you decide to allow your child to participate in this study there may be no direct benefit to him/her. Insights your child provides about his/her experiences using local systems will inform plans to improve the local transportation system. Information gained in this study will benefit society by providing researchers will more insight into working with community-based participatory design processes, particularly in rural towns.

COSTS AND COMPENSATION

Your child will not have any costs from participating in this study. Your child will not be compensated for participating in this study.

PARTICIPANT RIGHTS

Your **child's** participation in this study is completely voluntary and he/she may refuse to participate or leave the study at any time. If he/she decides to not participate in the study or to leave the study early, it will not result in any penalty or loss of benefits to which he/she is otherwise entitled.

CONFIDENTIALITY

You child's name will not be disclosed publicly. The data will be kept in a password-protected computer in the Community Visioning Program office at Iowa State University and the results will be presented in aggregate. However, the Iowa State University Institutional Review Board (a committee that reviews and **approves human subject research studies**) **may inspect and/or copy your child's records for quality** assurance and data analysis. These records may contain private information. Inspections are conducted to ensure researchers are adhering to confidentiality standards and other responsible research protocols of the university.

The audio recording made during the focus group process will not be disclosed publicly and names will not be attached to any comments transcribed and participants will not be identified by name on any written materials. However, because other individuals will be participating in the focus group with your child, we cannot guarantee complete confidentiality. Participation in the focus group and photographing activity is voluntary and your child does not have to answer any questions or participate in any discussion or activity that makes him/her feel uncomfortable.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study.

- For further information about the study contact Julia Badenhope at 515-294-3007.
- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office for Responsible Research, Iowa State University, Ames, Iowa 50011.

SUBJECT SIGNATURE

Your signature indicates that you voluntarily agree to allow your child to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. You will receive a copy of the signed and dated written **informed consent prior to your child's participation in the study.**

Subject's Name (printed) _____

(Signature of Parent/Guardian or
Legally Authorized Representative)

(Date)