

Survey of Employer Perspectives on the Employment of People with Disabilities

May 2007

Westat Assurance of Confidentiality Agreement

WESTAT EMPLOYEE OR CONTRACTOR'S ASSURANCE OF CONFIDENTIALITY OF SURVEY DATA

Statement of Policy

Westat is firmly committed to the principle that the confidentiality of individual data obtained through Westat surveys must be protected. This principle holds whether or not any specific guarantee of confidentiality was given at time of interview (or self-response), or whether or not there are specific contractual obligations to the client. When guarantees have been given or contractual obligations regarding confidentiality have been entered into, they may impose additional requirements that are to be adhered to strictly.

Procedures for Maintaining Confidentiality

1. All Westat employees and field workers shall sign this assurance of confidentiality. This assurance may be superseded by another assurance for a particular project.
2. Field workers shall keep completely confidential the names of respondents, all information or opinions collected in the course of interviews, and any information about respondents learned incidentally during field work. Field workers shall exercise reasonable caution to prevent access by others to survey data in their possession.
3. Unless specifically instructed otherwise for a particular project, an employee or field worker, upon encountering a respondent or information pertaining to a respondent that s/he knows personally, shall immediately terminate the activity and contact her/his supervisor for instructions.
4. Survey data containing personal identifiers in Westat offices shall be kept in a locked container or a locked room when not being used each working day in routine survey activities. Reasonable caution shall be exercised in limiting access to survey data to only those persons who are working on the specific project and who have been instructed in the applicable confidentiality requirements for that project.

Where survey data have been determined to be particularly sensitive by the Corporate Officer in charge of the project or the President of Westat, such survey data shall be kept in locked containers or in a locked room except when actually being used and attended by a staff member who has signed this pledge.

5. Ordinarily, serial numbers shall be assigned to respondents prior to creating a machine-processible record and identifiers such as name, address, and Social Security number shall not, ordinarily, be a part of the machine record. When identifiers are part of the machine data record, Westat's Manager of Data Processing shall be responsible for determining adequate confidentiality measures in consultation with the project director. When a separate file is set up containing identifiers or linkage information which could be used to identify data records, this separate file shall be kept locked up when not actually being used each day in routine survey activities.
6. When records with identifiers are to be transmitted to another party, such as for keypunching

or key taping, the other party shall be informed of these procedures and shall sign an Assurance of Confidentiality form.

7. Each project director shall be responsible for ensuring that all personnel and contractors involved in handling survey data on a project are instructed in these procedures throughout the period of survey performance. When there are specific contractual obligations to the client regarding confidentiality, the project director shall develop additional procedures to comply with these obligations and shall instruct field staff, clerical staff, consultants, and any other persons who work on the project in these additional procedures. At the end of the period of survey performance, the project director shall arrange for proper storage or disposition of survey data including any particular contractual requirements for storage or disposition. When required to turn over survey data to our clients, we must provide proper safeguards to ensure confidentiality up to the time of delivery.
8. Project directors shall ensure that survey practices adhere to the provisions of the U.S. Privacy Act of 1974 with regard to surveys of individuals for the Federal Government. Project directors must ensure that procedures are established in each survey to inform each respondent of the authority for the survey, the purpose and use of the survey, the voluntary nature of the survey (where applicable) and the effects on the respondents, if any, of not responding.

PLEDGE

I hereby certify that I have carefully read and will cooperate fully with the above procedures. I will keep completely confidential all information arising from surveys concerning individual respondents to which I gain access. I will not discuss, disclose, disseminate, or provide access to survey data and identifiers except as authorized by Westat. In addition, I will comply with any additional procedures established by Westat for a particular contract. I will devote my best efforts to ensure that there is compliance with the required procedures by personnel whom I supervise. I understand that violation of this pledge is sufficient grounds for disciplinary action, including dismissal. I also understand that violation of the privacy rights of individuals through such unauthorized discussion, disclosure, dissemination, or access may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Signature

Survey Instrument

Proposed Advance Letter:

This letter will be on ODEP letterhead.

[insert date]

Dear _____

The Office of Disability Employment Policy (ODEP), U.S. Department of Labor, provides policy analysis, technical assistance, development of innovative practices and strategies, and education and outreach to employers, employees and the disability community. ODEP is interested in learning how employers recruit and retain employees with disabilities. By gathering this information from senior executives, ODEP will be better able to develop policies that increase the number of people with disabilities who work.

Your company has been randomly selected to participate in the *Survey of Employer Perspectives on the Employment of People with Disabilities*. Westat is conducting the interviews for the Department of Labor. Within the next few weeks, someone from Westat will call you to complete a short interview. Your cooperation is essential to the success of this effort. Individually identifiable data will be accessible only to authorized project staff at Westat. Individual responses are analyzed only in combination with other responses collected nationwide. The responses will not be linked with your company or with your name.

Privacy: Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific firm or individual. We will not provide information that identifies you or your firm to anyone outside the study team, except as required by law.

As required by the Paperwork Reduction Act, ODEP received approval from the Office of Management and Budget (OMB) (approval number XXXX-XXXX [expiration date]). The approval covers the sampling of businesses, and the conduct of executive interviews to better inform ODEP's policies.

You may call Westat at 1-800-XXX-XXXX if you have any questions about the study, or to set an appointment for an interview. You may call me, NAME, at the Department of Labor if you have any questions about this survey. My number is: (202) XXX-XXXX. On behalf of ODEP, I would like to thank you for your assistance in this project.

Sincerely,

Survey of Employer Perspectives on the Employment of People with Disabilities

August 2005

SC1. Hello. May I please speak with {NAME OF EXECUTIVE TO WHOM THE PACKAGE WAS MAILED}?

[My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U. S. Department of Labor. {EXECUTIVE'S NAME} recently received a package of materials about a study of persons with disabilities.]

| | | |
|---|----|---------------|
| AVAILABLE/COMING TO THE PHONE..... | 1 | → [GO TO SC2] |
| NOT AVAILABLE..... | 2 | |
| AT ANOTHER TELEPHONE NUMBER..... | 3 | |
| NO SUCH PERSON/NO LONGER HERE/NEW RESPONDENT NEEDED..... | 4 | |
| TELEPHONE COMPANY RECORDING..... | 5 | |
| ANSWERING MACHINE/VOICE MAIL..... | AM | |
| RETRY DIALING..... | RT | |
| GO TO RESULT..... | GT | |

SC2. Hello, my name is [INTERVIEWER NAME], and I am calling from Westat, a research firm in Rockville, MD. We are conducting a survey for the U.S. Department of Labor. This is a brief survey of business executives in high growth industries to see what opportunities might be available in these industries for persons with disabilities. We recently sent a letter introducing the study.

The survey will take about 20 minutes.

This survey is for research purposes only and is not part of an investigation or audit by the Department of Labor. Your cooperation is voluntary. Your responses will be kept confidential and not be linked with your company or with your name. First, I would like to ask about your business.

[IF NEEDED: You can skip any question you do not want to answer, and you can stop at anytime.]

[PRESS ENTER TO CONTINUE.]

SC3. I'd like to speak with someone else who makes decisions on hiring at the overall company level such as your company President or Human Resources Manager. Would you please connect me to such a person?

[ALTERNATE TITLES:
PRESIDENT/OWNER
VICE-PRESIDENT, FINANCE
VICE-PRESIDENT, HUMAN RESOURCES
VICE PRESIDENT
DIRECTOR
ASSISTANT DIRECTOR
MANAGER
ASSISTANT MANAGER
SUPERVISOR]

[IF NEEDED, USE CTRL/I HELP TEXT FOR PURPOSE OF THE CALL.]

(A)

SPEAKING/COMING TO THE PHONE..... 1
COLLECT NAME OF BEST RESPONDENT..... 2
DON'T KNOW BEST RESPONDENT; CALLBACK.... 3
GO TO RESULT..... GT

IF LARGE COMPANY, FIRST ASK:

SC4. Hello, may I please have the name of your company president? [IF NEEDED: I am calling from Westat, a survey research firm in Rockville, MD. We need to send him/her some information about a survey we are conducting for the U.S. Department of Labor.]

Name _____

SC5. And would we address a letter to him/her at [ADDRESS ON FILE]?

YES..... 1
NO..... 2
REFUSED..... -7 ◦ [GO TO SC6]
DON'T KNOW..... -8 ®

SC6. May I please have the correct address?

Number

Street

Suite/Office number

City

State

Zip code

THANKA: Thank-you very much.

PACKAGE WILL BE MAILED. WHEN INTERVIEWER CALLS BACK, INTERVIEW WILL START AT SC1.

| |
|------------------------------------|
| I. Demographic Information. |
|------------------------------------|

1. We show that your business is mostly in the {BUSINESS TYPE} industry group. Is that correct?
(INDTYP)

- | | | |
|-----------------|----|-------------------|
| YES..... | 1 | |
| NO..... | 2 | [GO TO 1a] |
| REFUSED..... | -7 | o |
| DON'T KNOW..... | -8 | ® |

1a. Mostly what type of business is it? [INTERVIEWER NOTE: CODE 1 RESPONSE.
READ CATEGORIES IF NECESSARY.]
(INDTYP01 TO INDTYP22 AND INDTYP91 AND INDTYPOS)

- | | |
|--|----|
| CONSTRUCTION,..... | 1 |
| WHOLESALE TRADE,..... | 2 |
| RETAIL TRADE,..... | 3 |
| TRANSPORTATION AND WAREHOUSING,..... | 4 |
| INFORMATION,..... | 5 |
| FINANCIAL ACTIVITIES,..... | 6 |
| PROFESSIONAL AND BUSINESS SERVICES,..... | 7 |
| EDUCATION AND HEALTH SERVICES,..... | 8 |
| LEISURE AND HOSPITALITY,..... | 9 |
| EQUIPMENT AND MACHINERY REPAIRING,..... | 10 |
| PROMOTING OR ADMINISTERING RELIGIOUS ACTIVITIES,..... | 11 |
| GRANTMAKING,..... | 12 |
| ADVOCACY,..... | 13 |
| DRYCLEANING AND LAUNDRY SERVICES,..... | 14 |
| PERSONAL CARE SERVICES,..... | 15 |
| DEATH CARE SERVICES,..... | 16 |
| PET CARE SERVICES,..... | 17 |
| PHOTOFINISHING SERVICES,..... | 18 |
| TEMPORARY PARKING SERVICES,..... | 19 |
| DATING SERVICES,..... | 20 |
| STATE AND LOCAL GOVERNMENT, OR..... | 21 |
| MANUFACTURING..... | 22 |
| OTHER..... | 91 |
| (SPECIFY) _____ | |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

2. We show you have {NUMBER OF EMPLOYEES}. Is that correct?
 (EMPLOY)
 [IF NEEDED: Please count all employees, not just full time employees.]

- YES..... 1
- NO..... 2 ® [GO TO 2a]
- REFUSED..... -7 °
- DON'T KNOW..... -8 ®

2a. Including your corporate headquarters, subsidiaries, and branches, how many employees does your business have? Would you say...
 (EMPLOYA)
 [IF NEEDED: Please count all employees, not just full time employees.]

- Fewer than 5,..... 1 → [GO TO THANKB]
- 5 to 14,..... 2
- 15 to 249, or..... 3
- 250 or more?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

THANKB: Thank-you, but we are only interested in companies with 5 or more employees.

PROGRAMMER NOTE:

Q2 VERIFIES INFORMATION ON FILE. Q2A CORRECTS 2, IF NEEDED. PLEASE PRESERVE ORIGINAL VALUES FOR EMPLOY AND EMPLOYA. ALSO, THEN ASSIGN EMPLOYB AS A COMBINED COUNT OF NUMBER OF COMPANIES AT EACH LEVEL. IF 2 IS YES, 1, THE INFORMATION ON FILE IS CORRECT, ASSIGN THE COMPANY SIZE TO ONE OF THE VALUES IN 2A. COMBINE THIS INFORMATION WITH RESPONSES IN 2A, SO THAT EMPLOYB IS A COMBINED FREQUENCY, BY SIZE OF COMPANY.

3. How many employees do you have at your location?
 (EMPLOC)
 [IF NEEDED: Please count all employees, not just full time employees.]

_____ NUMBER OF EMPLOYEES AT LOCATION

- REFUSED..... -7
- DON'T KNOW..... -8

4. We show your business headquarters is in {STATE}. Is that correct?
(STATE)

YES..... 1
 NO..... 2 [GO TO 4a]
 REFUSED..... -7 ®
 DON'T KNOW..... -8 ®

4a. In what state or U.S. territory is your business headquartered?
(STATE01 TO STATE56)
[IF NEEDED: We want to know where your U.S. headquarters is located.]

| STATE | | STATE | |
|---|----|----------------------------------|----|
| ALABAMA..... | 1 | MONTANA..... | 29 |
| ALASKA..... | 2 | NEBRASKA..... | 30 |
| AMERICAN SAMOA..... | 3 | NEVADA..... | 31 |
| ARKANSAS..... | 4 | NEW HAMPSHIRE..... | 32 |
| ARIZONA..... | 5 | NEW JERSEY..... | 33 |
| CALIFORNIA..... | 6 | NEW MEXICO..... | 34 |
| COLORADO..... | 7 | NEW YORK..... | 35 |
| CONNECTICUT..... | 8 | NORTH CAROLINA..... | 36 |
| DELAWARE..... | 9 | NORTH DAKOTA..... | 37 |
| DISTRICT OF COLUMBIA (WASHINGTON, DC)..... | 10 | NORTHERN MARIANA ISLANDS..... | 38 |
| FLORIDA..... | 11 | OHIO..... | 39 |
| GEORGIA..... | 12 | OKALHOMA..... | 40 |
| GUAM..... | 13 | OREGON..... | 41 |
| HAWAII..... | 14 | PENNSYLVANIA..... | 42 |
| IDAHO..... | 15 | PUERTO RICO..... | 43 |
| ILLINOIS..... | 16 | RHODE ISLAND..... | 44 |
| INDIANA..... | 17 | SOUTH CAROLINA..... | 45 |
| IOWA..... | 18 | SOUTH DAKOTA..... | 46 |
| KANSAS..... | 19 | TENNESSEE..... | 47 |
| KENTUCKY..... | 20 | TEXAS..... | 48 |
| LOUISIANA..... | 21 | U.S. VIRGIN ISLANDS..... | 49 |
| MAINE..... | 22 | UTAH..... | 50 |
| MARYLAND..... | 23 | VERMONT..... | 51 |
| MASSACHUSETTS..... | 24 | VIRGINIA..... | 52 |
| MICHIGAN..... | 25 | WASHINGTON..... | 53 |
| MINNESOTA..... | 26 | WEST VIRGINIA..... | 54 |
| MISSISSIPPI..... | 27 | WISCONSIN..... | 55 |
| MISSOURI..... | 28 | WYOMING..... | 56 |
| REFUSED..... | -7 | | |
| DON'T KNOW..... | -8 | | |

PROGRAMMER NOTE:

Q4 VERIFIES INFORMATION ON FILE. Q4A CORRECTS 4, IF NEEDED. PLEASE PRESERVE ORIGINAL VALUES FOR STATE AND STATE01 TO STATE56. ALSO, THEN ASSIGN STATHQ AS A COMBINED COUNT OF NUMBER OF COMPANIES IN EACH STATE. IF 4 IS YES, 1, THE INFORMATION ON FILE IS CORRECT, ASSIGN THE STATE TO ONE OF THE VALUES IN 4A. COMBINE THIS INFORMATION WITH RESPONSES IN 4A, SO THAT STATEHQ IS A COMBINED FREQUENCY, BY STATE LOCATION OF HEADQUARTERS.

5. We show your location is in {STATE}. Is that correct?
(LCLSTAT)

| | | |
|-----------------|----|--------------|
| YES..... | 1 | |
| NO..... | 2 | ® [GO TO 5a] |
| REFUSED..... | -7 | o |
| DON'T KNOW..... | -8 | ® |

5a. In what state or U.S. territory are you located?
(LCLST01 TO LCLST56)

| STATE | | STATE | |
|---|----|----------------------------------|----|
| ALABAMA..... | 1 | MONTANA..... | 29 |
| ALASKA..... | 2 | NEBRASKA..... | 30 |
| AMERICAN SAMOA..... | 3 | NEVADA..... | 31 |
| ARKANSAS..... | 4 | NEW HAMPSHIRE..... | 32 |
| ARIZONA..... | 5 | NEW JERSEY..... | 33 |
| CALIFORNIA..... | 6 | NEW MEXICO..... | 34 |
| COLORADO..... | 7 | NEW YORK..... | 35 |
| CONNECTICUT..... | 8 | NORTH CAROLINA..... | 36 |
| DELAWARE..... | 9 | NORTH DAKOTA..... | 37 |
| DISTRICT OF COLUMBIA (WASHINGTON, DC)..... | 10 | NORTHERN MARIANA ISLANDS..... | 38 |
| FLORIDA..... | 11 | OHIO..... | 39 |
| GEORGIA..... | 12 | OKALHOMA..... | 40 |
| GUAM..... | 13 | OREGON..... | 41 |
| HAWAII..... | 14 | PENNSYLVANIA..... | 42 |
| IDAHO..... | 15 | PUERTO RICO..... | 43 |
| ILLINOIS..... | 16 | RHODE ISLAND..... | 44 |
| INDIANA..... | 17 | SOUTH CAROLINA..... | 45 |
| IOWA..... | 18 | SOUTH DAKOTA..... | 46 |
| KANSAS..... | 19 | TENNESSEE..... | 47 |
| KENTUCKY..... | 20 | TEXAS..... | 48 |
| LOUISIANA..... | 21 | U.S. VIRGIN ISLANDS..... | 49 |
| MAINE..... | 22 | UTAH..... | 50 |
| MARYLAND..... | 23 | VERMONT..... | 51 |
| MASSACHUSETTS..... | 24 | VIRGINIA..... | 52 |
| MICHIGAN..... | 25 | WASHINGTON..... | 53 |
| MINNESOTA..... | 26 | WEST VIRGINIA..... | 54 |
| MISSISSIPPI..... | 27 | WISCONSIN..... | 55 |
| MISSOURI..... | 28 | WYOMING..... | 56 |
| REFUSED..... | -7 | | |
| DON'T KNOW..... | -8 | | |

PROGRAMMER NOTE:

Q5 VERIFIES INFORMATION ON FILE. Q5A CORRECTS 5, IF NEEDED. PLEASE PRESERVE ORIGINAL VALUES FOR LCLSTAT AND LCST01 TO LCST56. ALSO, THEN ASSIGN LCLSTCO AS A COMBINED COUNT OF NUMBER OF COMPANIES IN EACH STATE. IF 5 IS YES, 1, THE INFORMATION ON FILE IS CORRECT, ASSIGN THE STATE TO ONE OF THE VALUES IN 5A. COMBINE THIS INFORMATION WITH RESPONSES IN 5A, SO THAT LCLSTCO IS A COMBINED FREQUENCY, BY STATE LOCATION OF RESPONDENT.

6. What is your job title?
(TITLE)

| | |
|--------------------------------------|----|
| PRESIDENT/OWNER..... | 1 |
| VICE-PRESIDENT, FINANCE..... | 2 |
| VICE-PRESIDENT, HUMAN RESOURCES..... | 3 |
| VICE PRESIDENT..... | 4 |
| (SPECIFY)_____ | |
| DIRECTOR..... | 5 |
| ASSISTANT DIRECTOR..... | 6 |
| MANAGER..... | 7 |
| ASSISTANT MANAGER..... | 8 |
| SUPERVISOR..... | 9 |
| OTHER..... | 91 |
| (SPECIFY)_____ | |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

7. About how many years have you been working for {COMPANY NAME}?
(YEARS CO)

_____ NUMBER

| | |
|-----------------|----|
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

8. About how many years have you been the {RESPONSE FROM 6}?
(YRS POSIT)

_____ NUMBER

| | |
|-----------------|----|
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

9. How many employees do you supervise?
 (SUPERVS)
 [IF NEEDED: Please count all employees, not just full time employees.]

_____ NUMBER
 REFUSED..... -7
 DON'T KNOW..... -8

II. Company Practices

10. To your knowledge, do any of your company's current employees have a physical or mental disability?
 (HVEMPDB)

[IF NEEDED: Under the Americans with Disabilities Act, an individual with a disability is defined as a person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Yes..... 1 → **[GO TO 11]**
 I'm not sure, or..... 2
 No, not to my knowledge?..... 3 ○ **[GO TO 12]**
 REFUSED..... -7 .
 DON'T KNOW..... -8 ®

11. Do you happen to know how many employees in your company have a disability?
 (DSHWMNY)

_____ NUMBER
 WE DON'T TRACK THAT INFORMATION..... DT
 NOT SURE HOW MANY..... NS
 REFUSED..... -7
 DON'T KNOW..... -8

12. In the past 12 months has your company hired any persons with disabilities?
(HIREYR)

Yes..... 1
No, not to my knowledge, or..... 2
I'm not sure?
REFUSED..... -7
DON'T KNOW..... -8

13. Does your company actively recruit job applicants who are persons with disabilities?
(ACTRECRT)

YES..... 1 → **[GO TO 13a]**
NO..... 2
REFUSED..... -7 ○ **[GO TO 14]**
DON'T KNOW..... -8 ®

13a. How do you proactively recruit job applicants who are persons with disabilities?
(HWRC01 TO HWRC10 AND HWRC91 AND HWRCOS)

**[INTERVIEWER NOTE:
CODE ALL THAT APPLY. CTRL/P TO EXIT. Probe: Any other ways?]**

| | |
|---|----|
| INCLUDING PEOPLE WITH DISABILITIES IN DIVERSITY RECRUITMENT GOALS..... | 1 |
| CREATING PARTNERSHIPS WITH DISABILITY- RELATED ADVOCACY ORGANIZATIONS..... | 2 |
| CONTACTING CAREER CENTERS AT COLLEGES AND UNIVERSITIES WHEN VACANCIES ARISE..... | 3 |
| POSTING JOB ANNOUNCEMENTS IN DISABILITY- RELATED PUBLICATIONS..... | 4 |
| POSTING JOB ANNOUNCEMENTS ON DISABILITY- RELATED WEBSITES..... | 5 |
| POSTING JOB ANNOUNCEMENTS AND/OR HOSTING A TABLE AT DISABILITY-RELATED JOB FAIRS..... | 6 |
| ESTABLISHING SUMMER INTERNSHIP AND MENTORING PROGRAMS TARGETED AT YOUTH WITH DISABILITIES.... | 7 |
| POSTING JOBS WITH CENTERS FOR INDEPENDENT LIVING (CILS)..... | 8 |
| POSTING JOBS WITH THE DEPARTMENT OF VOCATIONAL REHABILITATION..... | 9 |
| POSTING JOBS WITH THE JOB SERVICE OR WORKFORCE EMPLOYMENT CENTER (IF NEEDED: UNEMPLOYMENT OFFICES)..... | 10 |
| OTHER WAYS..... | 91 |
| (SPECIFY)_____ | |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

PROGRAMMER NOTE: IF 13=1, YES, GO TO Q15.

14. Would any of the following types of information persuade you to recruit persons with a disability? What about...
(INFORCA TO INFORCJ AND INFORC91 AND INFORCOS)

| | YES | NO | ALREADY HAVE THIS INFORMATION/ ALREADY KNOW THIS | REFUSE D | DON'T KNOW |
|---|-----|----|---|-------------|---------------|
| a. Information that addresses your concerns about costs?..... | 1 | 2 | 3 | -7 | -8 |
| b. Information showing how hiring people with disabilities has benefited other companies in your industry?..... | 1 | 2 | 3 | -7 | -8 |
| c. Information showing how hiring people with disabilities has benefited nationally recognized companies, for example a Fortune 500 company?..... | 1 | 2 | 3 | -7 | -8 |
| d. Information showing how hiring people with disabilities can benefit your company's bottom line?..... | 1 | 2 | 3 | -7 | -8 |
| e. Information showing how hiring people with disabilities can increase your company's productivity?..... | 1 | 2 | 3 | -7 | -8 |
| f. Information that is supported by statistics or research?..... | 1 | 2 | 3 | -7 | -8 |
| g. Information on satisfactory job performance, attendance, and retention of people with disabilities?..... | 1 | 2 | 3 | -7 | -8 |
| h. Testimonial information of senior executives attesting to the success for their companies?..... | 1 | 2 | 3 | -7 | -8 |
| i. Testimonial information of human resources managers attesting to the success for their companies?..... | 1 | 2 | 3 | -7 | -8 |
| j. Testimonial information of line managers attesting to the success for their companies?... | 1 | 2 | 3 | -7 | -8 |
| 91. Anything else?..... (SPECIFY _____) | 1 | 2 | 3 | -7 | -8 |

III. Issue Areas

15. I am now going to describe several factors in hiring people with disabilities that we often hear from employers. How much of a challenge are the following factors to your company in hiring people with disabilities? I would like you to say whether it is a major challenge, somewhat of a challenge or not a challenge.

(CHLGHRA TO CHLGHRL AND CHLGHR91 AND CHLGHROS)

| | A major challenge | Somewhat of a challenge | Not a challenge | REFUSED | DON'T KNOW |
|---|------------------------------|--|----------------------------|----------------|-----------------------|
| a. Discomfort or unfamiliarity regarding hiring people with disabilities? Would you say this is a major challenge, somewhat of a challenge or a minor challenge?..... | 1 | 2 | 3 | -7 | -8 |
| b. Lack of knowledge or information about persons with disabilities? Would you say this is a major challenge, somewhat of a challenge or a minor challenge?..... | 1 | 2 | 3 | -7 | -8 |
| c. Attitudes of co-workers? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?]..... | 1 | 2 | 3 | -7 | -8 |
| d. Attitudes of supervisors? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?]..... | 1 | 2 | 3 | -7 | -8 |
| e. Attitudes of customers? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?]..... | 1 | 2 | 3 | -7 | -8 |
| f. Not knowing how much accommodation will cost? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?]..... | 1 | 2 | 3 | -7 | -8 |
| g. Actual cost of accommodating disability? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?]..... | 1 | 2 | 3 | -7 | -8 |
| h. Concern about the cost of health care coverage? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?]..... | 1 | 2 | 3 | -7 | -8 |

15. (continued)

| | A major challenge | Somewhat of a challenge | Not a challenge | REFUSED | DON'T KNOW |
|--|-------------------|-------------------------|-----------------|---------|------------|
| i. Concern about the cost of workers compensation premiums? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?] | 1 | 2 | 3 | -7 | -8 |
| j. Fear of litigation? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?] | 1 | 2 | 3 | -7 | -8 |
| k. You cannot find qualified persons with disabilities? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?] | 1 | 2 | 3 | -7 | -8 |
| l. The nature of the work is such that it cannot be effectively performed by people with disabilities? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?] | 1 | 2 | 3 | -7 | -8 |
| 91. Anything else? (SPECIFY _____) | 1 | 2 | 3 | -7 | -8 |

PROGRAMMER NOTE:
IF L =1, YES, GO TO 16. ELSE, GO TO PROGRAMMER NOTE BEFORE Q17.

16. Can you please describe the nature of the job or jobs in your company which would pose a challenge to a person with a disability?
 (NTRJOB)
 (COMM)

PROGRAMMER NOTE:

IF 10=1, YES, ASK 17 AND 18. ELSE, SKIP TO 19.

17. In your opinion, how much of a challenge are the following factors to your company in advancing a person with a disability? How about...
(CHLGAVA TO CHLGAVE AND CHLGAV91 AND CHLGAVOS)

| | A major challenge | Somewhat of a challenge | Not a challenge | REFUSED | DON'T KNOW |
|--|--------------------------|--------------------------------|------------------------|----------------|-------------------|
| a. Attitudes of co-workers? Would you say this is a major challenge, somewhat of a challenge or a minor challenge?..... | 1 | 2 | 3 | -7 | -8 |
| b. Attitudes of supervisors? Would you say this is a major challenge, somewhat of a challenge or a minor challenge?..... | 1 | 2 | 3 | -7 | -8 |
| c. Attitudes of customers? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?]. . | 1 | 2 | 3 | -7 | -8 |
| d. Actual cost of accommodating disability? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?]..... | 1 | 2 | 3 | -7 | -8 |
| e. Lack of advancement potential? [IF NEEDED: Would you say this is a major challenge, somewhat of a challenge or a minor challenge?] | 1 | 2 | 3 | -7 | -8 |
| 91 Anything else?..... (SPECIFY_____) | 1 | 2 | 3 | -7 | -8 |

19. Some employers have concerns about hiring people with disabilities. Here are some of the concerns we often hear from employers. For each, please let me know how much of a concern it is for your company.

(CONCRNA TO CONCRNF AND CONCRN91 AND CONCRNOS)

| | A major concern | Somewhat of a concern | Not a concern | REFUSED | DON'T KNOW |
|---|------------------------|------------------------------|----------------------|----------------|-------------------|
| a. Supervisors are not comfortable managing people with disabilities. Would you say this is a major concern, somewhat of a concern or a minor concern?... | 1 | 2 | 3 | -7 | -8 |
| b. Supervisors are not sure how to evaluate a person with a disability. Would you say this is a major concern, somewhat of a concern or a minor concern?..... | 1 | 2 | 3 | -7 | -8 |
| c. Supervisors are not sure how to take disciplinary action for a person with a disability. [IF NEEDED: Would you say this is a major concern, somewhat of a concern or a minor concern?]. | 1 | 2 | 3 | -7 | -8 |
| d. Workers with disabilities lack the skills and experience to do our jobs. [IF NEEDED: Would you say this is a major concern, somewhat of a concern or a minor concern?]. | 1 | 2 | 3 | -7 | -8 |
| e. People with disabilities may not be as safe and productive as other workers. [IF NEEDED: Would you say this is a major concern, somewhat of a concern or a minor concern?]. | 1 | 2 | 3 | -7 | -8 |
| f. It costs more to employ workers with disabilities than those without disabilities due to accommodations, additional management time, or healthcare and insurance costs. [IF NEEDED: Would you say this is a major concern, somewhat of a concern or a minor concern?]. | 1 | 2 | 3 | -7 | -8 |
| 91 Anything else?..... (SPEC IFY _____) | 1 | 2 | 3 | -7 | -8 |

20. I will read you a few strategies that some companies have used when hiring persons with disabilities. For each, please tell me if these strategies would be helpful in reducing barriers to hiring persons with disabilities into your company.
(HSTRTGA TO HSTRTGN AND HSTRTG91 AND HSTRTGOS)

| | YES | NO | REFUSED | DON'T KNOW |
|---|-----|----|---------|------------|
| a. Using a recruiting source that specializes in placing persons with disabilities?..... | 1 | 2 | -7 | -8 |
| b. Developing a targeted recruitment program for persons with disabilities?..... | 1 | 2 | -7 | -8 |
| c. Short-term on the job assistance with an outside job coach?..... | 1 | 2 | -7 | -8 |
| d. Training existing staff?..... | 1 | 2 | -7 | -8 |
| e. On-site consultation or technical assistance?.... | 1 | 2 | -7 | -8 |
| f. Mentoring?..... | 1 | 2 | -7 | -8 |
| g. Visible top management commitment? | 1 | 2 | -7 | -8 |
| h. Centralized accommodations fund [IF NEEDED: A company-wide fund to provide accommodations for persons with disabilities]?..... | 1 | 2 | -7 | -8 |
| i. Disability awareness training?..... | 1 | 2 | -7 | -8 |
| j. Disability targeted internship program?..... | 1 | 2 | -7 | -8 |
| k. Assistive technology?..... | 1 | 2 | -7 | -8 |
| l. Flexible work schedule?..... | 1 | 2 | -7 | -8 |
| m. Employer tax credits and incentives?..... | 1 | 2 | -7 | -8 |
| n. Reassignment?..... | 1 | 2 | -7 | -8 |
| 91. Anything else?..... (SPECIFY _____) | 1 | 2 | -7 | -8 |

PROGRAMMER NOTE:
IF 10=1, YES, ASK 21, 22, 23, 24 AND 25. ELSE, SKIP TO 26.

21. For each of the following, please tell me if these strategies would be helpful in advancing persons with disabilities within your company.
(AVSTRTA TO AVSTRTK AND AVSTRT91 AND AVSTRTOS)

| | YES | NO | REFUSED | DON'T KNOW |
|---|-----|----|---------|------------|
| a. Short-term on the job assistance with an outside job coach?..... | 1 | 2 | -7 | -8 |
| b. Training existing staff?..... | 1 | 2 | -7 | -8 |
| c. On-site consultation or technical assistance?..... | 1 | 2 | -7 | -8 |
| d. Mentoring?..... | 1 | 2 | -7 | -8 |
| e. Visible top management commitment?..... | 1 | 2 | -7 | -8 |
| f. Centralized accommodations fund [IF NEEDED: A company-wide fund to provide accommodations for persons with disabilities]?... | 1 | 2 | -7 | -8 |
| g. Disability awareness training?..... | 1 | 2 | -7 | -8 |
| h. Disability targeted internship program?..... | 1 | 2 | -7 | -8 |
| i. Assistive technology?..... | 1 | 2 | -7 | -8 |
| j. Flexible work schedule?..... | 1 | 2 | -7 | -8 |
| k. Reassignment?..... | 1 | 2 | -7 | -8 |
| l. Employer tax credits and incentives?..... | 1 | 2 | -7 | -8 |
| 91. Anything else?..... (SPECIFY _____) | 1 | 2 | -7 | -8 |

22. For each of the following, please tell me if these strategies would be helpful in retaining persons with disabilities within your company.
(RETSTA TO RETSTK AND RETST91 AND RETSTOS)

| | YES | NO | REFUSED | DON'T KNOW |
|--|-----|----|---------|------------|
| a. Short-term on the job assistance with an outside job coach?..... | 1 | 2 | -7 | -8 |
| b. Training existing staff?..... | 1 | 2 | -7 | -8 |
| c. On-site consultation or technical assistance?..... | 1 | 2 | -7 | -8 |
| d. Mentoring?..... | 1 | 2 | -7 | -8 |
| e. Visible top management commitment?..... | 1 | 2 | -7 | -8 |
| f. Centralized accommodations fund [IF NEEDED: A company-wide fund to provide accommodations for persons with disabilities]?.... | 1 | 2 | -7 | -8 |
| g. Disability awareness training?..... | 1 | 2 | -7 | -8 |
| h. Disability targeted internship program?..... | 1 | 2 | -7 | -8 |
| i. Assistive technology?..... | 1 | 2 | -7 | -8 |
| j. Flexible work schedule?..... | 1 | 2 | -7 | -8 |
| k. Reassignment?..... | 1 | 2 | -7 | -8 |
| l. Employer tax credits and incentives?..... | 1 | 2 | -7 | -8 |
| 91. Anything else?..... (SPECIFY _____) | 1 | 2 | -7 | -8 |

23. Does your company keep data on the accommodations it makes for employees with disabilities for any of the following purposes?
(ACCOMA TO ACCOMF AND ACCOM91 AND ACCOMOS)

| | Yes | I'm not sure | No | RF | DK |
|--|-----|-----------------|----|----|----|
| a. Future accommodations in similar situations?..... | 1 | 2 | 3 | -7 | -8 |
| b. Tracking accommodation costs?..... | 1 | 2 | 3 | -7 | -8 |
| c. Dispute resolution/settlement?..... | 1 | 2 | 3 | -7 | -8 |
| d. Regulatory reporting requirements?..... | 1 | 2 | 3 | -7 | -8 |
| e. Disability claim coordination?..... | 1 | 2 | 3 | -7 | -8 |
| f. Anything else?..... (SPECIFY _____) | 1 | 2 | 3 | -7 | -8 |
| g. DO NOT KEEP DATA ON ACCOMMODATIONS..... | 1 | 2 | 3 | -7 | -8 |

PROGRAMMER NOTE:
IF 23A THROUG 23F AND 23 - 91 ARE ALL 2, -7 AND/OR -8, AUTOCODE 23G AS 1, YES. ELSE, AUTOCODE 23G, 2, NO.

24. Are you familiar with the services of the Job Accommodation Network? [IF NEEDED: The Job Accommodation network, also known as JAN, “facilitates the employment and retention of workers with disabilities by providing employers, employment providers, people with disabilities, their family members and other interested parties with information on job accommodations.” Their website is <http://www.jan.wvu.edu/>]
(JANYN)

| | | | |
|-----------------|----|---|--------------------|
| YES..... | 1 | → | [GO TO 24a] |
| NO..... | 2 | | |
| REFUSED..... | -7 | ○ | [GO TO 25] |
| DON'T KNOW..... | -8 | ® | |

24a. Have you used the services of the Job Accommodation Network?
(JANUSE)

| | |
|-----------------|----|
| YES..... | 1 |
| NO..... | 2 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

25. Are you familiar with the services of the Employer Assistance and Recruiting Network (EARN)?
 [IF NEEDED: EARN is a free service that connects employers looking for quality employees with skilled job candidates. Their website is <http://www.earnworks.com/>]
 (EARNYN)

- YES..... 1 → **[GO TO 25a]**
- NO..... 2 **[GO TO 26]**
- REFUSED..... -7 ○ **[GO TO 26]**
- DON'T KNOW..... -8 ®

25a. Have you used the services of EARN?
 (EARNUSE)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

26. One-Stop Career Centers are publicly-operated by State and local agencies and are designed to provide a full range of assistance to job seekers and employers in one location. Established under the Workforce Investment Act, the centers offer training referrals, career counseling, job listings, and similar employment-related services.

26a) Are you aware that your local One-Stop Center offers services to businesses?

- A. YES..... 1 → **[GO TO 26b]**
- B. No 2 **[GO TO 27]**
- C. Never heard of a One-Stop..... 3 **[GO TO 27]**
- D. D/K..... 4 **[GO TO 27]**
- E. Refused..... 5 **[GO TO 27]**

26b) In the past 12 months, has your company used any of those business services from the One-Stop Center?

- A. Yes..... 1 → **[GO TO 26c]**
- B. No..... 2 **[GO TO 27]**
- C. D/K..... 3 **[GO TO 27]**
- D. Refused..... 4 **[GO TO 27]**

26c) I will now ask you a series of questions about business services that your company may have used with the One-Stop Center.

In the past 12 months, has the One-Stop center provided your company with

| | YES | NO |
|--|-----|----|
| A. Recruitment, job referral, and candidate screening? | 1 | 2 |
| B. Job task analysis to formally identify knowledge skills and abilities for specific jobs? | 1 | 2 |
| C. Outplacement services for employees? | 1 | 2 |
| D. Analysis of local business trends? | 1 | 2 |
| E. Analysis of the local labor pool? | 1 | 2 |
| F. Disability Program Navigator Staff | 1 | 2 |
| G. Assistance in recruiting qualified workers? | 1 | 2 |
| H. Assistance to customize training plans for new hires? | 1 | 2 |
| I. An offer to train current employees? | 1 | 2 |
| J. Literacy, ESL or basic skills training for current or prospective employees? | 1 | 2 |
| K. Services on to help your company with specific HR issues, such as high turnover? | 1 | 2 |
| L. Services on how to create employment opportunities, such as recruitment, retention, and promotion, for individuals with disabilities? | 1 | 2 |
| M. Other services? _____ | 1 | 2 |
| N. Don't know | 1 | 2 |

Disability Program Navigators (DPN). In 2002, the Department of Labor's Employment (DOL) and Training Administration (ETA) and the Social Security Administration (SSA) established a new position, *the Disability Program Navigator (DPN)*, located within DOL's One-Stop Career Center. The *DPN, or Navigator*, guides One-Stop Career Center staff in helping people with disabilities to access and navigate the complex provisions of various programs that impact on their ability to gain and retain employment. In addition, the DPNs: develop linkages and collaborate on an ongoing basis with employers to facilitate the employment of people with disabilities; develop partnerships to achieve integrated services, system change, and expand the capacity of the One-Stop Career Centers to serve customers with disabilities; conduct outreach to agencies/organizations that serve people with disabilities; serve as resources on SSA's work incentives; serve as resources on the federal, state, and local programs that impact on the ability of people with disabilities to enter into and remain in the workforce; and facilitate the transition of in- and out- of school youth to obtain employment and achieve economic self-sufficiency.

27. Those are all the questions I have. Do you have any questions or comments about the survey?
(QXRESP)

| | | |
|-----------------|----|---------------|
| YES..... | 1 | → [GO TO 27a] |
| NO..... | 2 | |
| REFUSED..... | -7 | ○ [GO TO 28] |
| DON'T KNOW..... | -8 | ® |

27a. What are your questions or comments?
(QXRESPA)
(COMM)

28. Would you be interested in receiving a report via e-mail on the results of this survey?
Your e-mail address will not be associated with your completed survey.
(EMLRSLTS)

- YES..... 1 → **[GO TO 28a]**
- NO..... 2
- REFUSED..... -7 ○ **[GO TO THANK]**
- DON'T KNOW..... -8 ®

ON paper:

28a. May I have your email address, please?

_____ @ _____

- REFUSED..... -7
- DON'T KNOW..... -8

THANK: Thank you very much for participating in this very important survey.