Job Corps Data Collection Instrument
Question by Question Justification

Content of Questions	Question Numbers	Rationale
Placement Re-Verification for Employers and Educational Institutions (EV & SV)		
Verification of Employment	EV1 – EV7	These instruments include a series of questions designed to re-verify the student's initial job or school placement with employers and educational institutions. Questions are included to assess whether the student met the Job Corps definition of "being placed" for different placement categories, including: part- or full-time employment, school/training, job and college combination, or OJT/subsidized placement. The purpose of the re-verification is to monitor the services provided by placement contractors to ensure that contract requirements are being met and students are receiving quality services. If responses to the re-verification questions indicate that the placement may not have been valid, a "questionable placement" is identified. Such notations will be used to generate notices to be sent to the appropriate Job Corps office for final determination.
Verification of School/Training Experience	SV1 – SV6	

RE-VERIFICATION OF SCHOOL/TRAINING PLACEMENT
WITH SCHOOLS OR TRAINING PROGRAMS

PROGRAMMER: THIS SURVEY IS FOR STUDENTS WITH PLACEMENT STATUS (PLACED_ST) CODES 06, 07, 08, 09, 10, AND 12 WHO CANNOT BE LOCATED DURING THE CHECKPOINT.

May I speak with <NAME OF CONTACT PERSON>?   My name is (INTERVIEWER'S NAME) with IMPAQ International. We work with Job Corps, a national training program for youth. Job Corps is assessing the effectiveness of its program by calling employers to verify employment of former Job Corps students. I am calling to verify the employment of <STUDENT'S NAME>. Persons are not required to respond to this collection of information unless it displays a current valid Office of Management and Budget control number. Responding to this questionnaire is voluntary. The collection of this information has been approved under OMB control number 1205- 0426, Expiration Date 09/30/2009. On average, it takes about 10 minutes to complete this survey, including time for reviewing instructions, searching data sources, and completing and reviewing the information.

MUST READ BEFORE BEGINNING SURVEY:

Before we begin the survey, we must be sure that you clearly understand a few points. Your participation in the survey is completely voluntary. Job Corps has obtained approval to conduct the survey from the federal government's Office of Management and Budget. All information you provide will be held in the strictest confidence and used only to assess how young people are doing since they left Job Corps. Responses to this data collection will be used only for program evaluation purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies you to anyone outside the study team, except as required by law. Your answers will not be shared with anyone outside of Job Corps in any manner that would enable someone to identify you. You may refuse to answer any questions that you do not want to answer. However, we hope that you will choose to answer as many questions as you can. This call may be monitored for quality assurance.

INTERVIEWER: SOME SCHOOLS HAVE A POLICY NOT TO VERIFY ENROLLMENT. OTHERS WILL ONLY VERIFY THAT A PERSON WAS ENROLLED AND WILL GIVE NO OTHER INFORMATION. IF YOU FIND THAT THIS IS THE CASE, MARK APPROPRIATE ANSWER IN SV1 AND GO TO THE END.

SV1.   Our records show that (he/she/ <STUDENT'S NAME>) enrolled in <NAME OF SCHOOL/TRAINING PROGRAM> around <DT_REPORTED FOR SCHOOL>. Is that correct?

1	YES	SET SCHOOL TO YES AND GO TO SV2.
2	NO	GO TO PROGRAM CHECK
-9	DON'T KNOW	GO TO END OF INTERVIEW SCRIPT
3	WILL NOT VERIFY	GO TO END OF INTERVIEW SCRIPT
4	WILL VERIFY ENROLLMENT ONLY, NO OTHER INFORMATION	GO TO END OF INTERVIEW SCRIPT

PROGRAM CHECK: SET QP REASON CODE TO QP_ SCH = 1 GO TO END OF INTERVIEW SCRIPT.

SV2.   And did (he/she) enroll around <DT_REPORTED FOR SCHOOL>? INTERVIEWER: IF RESPONDENT ALREADY TOLD YOU STUDENT WAS ENROLLED AROUND THIS DATE, MARK"YES".

1	YES	SET SCHOOL TO YES AND GO TO PROGRAM CHECK AFTER Q. SV3.
2	NO	
-9	DON'T KNOW	

SV3.   On what date did he/she enroll there? Your best estimate is fine here.

ENTER DATE [DATE]
-9   DON' T KNOW

PROGRAM CHECK: THIS QUESTION ONLY FOR PLACE_ST = 08, 09 AND 12.

IF PLACE_ST IN (08,09,12) ASK Q. SV4, ELSE GO TO Q. SV5.

SV4.   And was (he/she) expected to attend school/this program <u>at least 20 hours per week</u>?

     1   YES   GO TO END OF INTERVIEW SCRIPT
     2   NO   GO TO PROGRAM CHECK
   -9   DON'T KNOW

PROGRAM CHECK: SET QUESTIONABLE PLACEMENT REASON CODE. QP_SCH = 4.
DISPLAY QP MSG SCREEN AND THEN GO TO END OF INTERVIEW SCRIPT.

PROGRAMMER NOTE: THIS QUESTION FOR PLACE_ST CODE= 06, 07 COLLEGE
COMBINATION OR 10 COLLEGE ONLY

SV5.   And our records show (he/she) registered for <u>at least (6/9) credit hours</u> around
        <DT_REPORTED>. Is that correct?

        1   YES   GO TO END OF INTERVIEW SCRIPT
        2   NO   ASK Q. SV6
      -9   DON'T KNOW   ASK Q. SV6

SV6.   Was there any time when (he/she) was registered for <u>at least (6/9) credit hours</u>?

        1   YES   GO TO END OF INTERVIEW OF INTERVIEW SCRIPT
        2   NO   GO TO NEXT PROGRAM CHECK
      -9   DON'T KNOW   GO TO NEXT PROGRAM CHECK

PROGRAM CHECK: IF PLACED_ST = 10 SET QP REASON CODE TO QP_SCH = 5. IF
PLACED_ST = 06 OR 07 SET QP REASON CODE TO QP_SCH = 7. SHOW QP MSG SCREEN
THEN DISPLAY END OF INTERVIEW SCRIPT.

END OF INTERVIEW:

That's all the information I need. Thank you for your time today.

RE-VERIFICATION OF STUDENT EMPLOYMENT WITH EMPLOYER

PROGRAMMER NOTE: THIS SURVEY IS FOR STUDENTS WITH PLACEMENT STATUS (PLACED_ST) CODES 01, 02, 03, 04, 05, 06, 07, OR 11 WHO CANNOT BE LOCATED FOR A STUDENT SURVEY FOR A13-WEEK SURVEY. IF PLACED_ST = 02 OR 04 DETERMINE WHICH WORK VARIABLE TO SET IN Q. EV1 AND Q. EV2.

May I speak with <NAME OF CONTACT PERSON>?   My name is (INTERVIEWER'S NAME) with IMPAQ International. We work with Job Corps, a national training program for youth. Job Corps is assessing the effectiveness of its program by calling employers to verify employment of former Job Corps students. I am calling to verify the employment of <STUDENT'S NAME>. Persons are not required to respond to this collection of information unless it displays a current valid Office of Management and Budget control number. Responding to this questionnaire is voluntary. The collection of this information has been approved under OMB control number 1205- 0426, Expiration Date 09/30/2009. On average, it takes about 10 minutes to complete this survey, including time for reviewing instructions, searching data sources, and completing and reviewing the information.

INTERVIEWER: SOME EMPLOYERS HAVE A POLICY NOT TO VERIFY EMPLOYMENT. OTHERS WILL ONLY VERIFY THAT A PERSON WORKED FOR THEIR COMPANY AND WILL GIVE NO ADDITIONAL INFORMATION. IF YOU FIND THAT IS THE CASE, MARK APPROPRIATE ANSWER IN Q. EV1 AND GO TO END OF INTERVIEW.

EV1.   Our records show <STUDENT'S NAME> was employed at <NAME OF EMPLOYER>. Is
        that correct? PROBE: Our records list (his/her) job as <JOB TITLE>.

1	YES	SET WORK1 OR WORK2 TO YES AND GO TO Q. EV3
2	NO	GO TO Q. EV2
-9	DON=T KNOW	GO TO END OF INTERVIEW SCRIPT
3	WILL NOT VERIFY EMPLOYMENT	GO TO END OF INTERVIEW SCRIPT
4	WILL VERIFY EMPLOYMENT ONLY NO OTHER INFORMATION	GO TO END OF INTERVIEW SCRIPT

EV2.   So, you don't have any record or recollection of <STUDENT'S NAME> working there around
        <DT_REPORTED>?

1	YES, WORKED THERE	SET WORK1 OR WORK2 TO YES AND GO TO Q. EV3
2	NO, DID NOT WORK THERE	SET WORK1 OR WORK2 TO NO AND GO TO END OF INTERVIEW SCRIPT
-9	DON=T KNOW	.... GO TO END OF INTERVIEW SCRIPT

EV3.   INTERVIEWER: IF RESPONDENT ALREADY TOLD YOU STUDENT WORKED THERE
        AROUND THIS DATE, MARK"YES" AT Q. EV3 AND GO TO Q.EV5.

        And did (he/she) begin working around <DT_REPORTED>?

        1   YES   GO TO Q. EV5
        2   NO   ASK Q. EV4

        -9   DON=T KNOW   ASK Q. EV4

EV4.   Approximately when did (he/she) begin working there? Your best estimate is fine here.

        ENTER DATE [DATE]

        -9   DON=T KNOW............

EV5.   Our records also show (he/she) usually worked at least <HOURS> a week at that job. Is that
correct?

        1   YES   GO TO END OF INTERVIEW SCRIPT
        2   NO

        -9   DON=T KNOW

EV6.   Did (STUDENT=S NAME) ever work there at least <HOURS> in a week?

        1   YES   GO TO EV7
        2   NO   GO TO NEXT PROGRAM CHECK

        -9   DON=T KNOW   GO TO EV7

PROGRAM CHECK: SET QUESTIONABLE PLACEMENT REASON CODES. DISPLAY QP
MSG SCREEN.
IF PLACED_ST = 01 SET QP_EM1 = 4
IF PLACED_ST = 03 SET QP_EM1 = 3
IF PLACED_ST = 06 SET QP_EM1 = 9
IF PLACED_ST = 07 SET QP_EM1 = 8

EV7. Did (he/she) earn at least $5.15 per hour when (he/she) first started that job?

        1   YES   GO TO END OF INTERVIEW SCRIPT
        0   NO   GO TO NEXT PROGRAM CHECK

        -9   DON=T KNOW   GO TO END OF INTERVIEW SCRIPT

PROGRAM CHECK: SET QP REASON CODE TO QP_EM1 = 10. DISPLAY QP MSG
SCREEN.

END OF INTERVIEW SCRIPT: That is all the information I need. Thank you for your help.

LETTER TO RE-VERIFY INITIAL EMPLOYMENT WITH EMPLOYERS

To Whom It May Concern:

IMPAQ International is a research and evaluation contractor with the U.S. Department of Labor's Job Corps program. Job Corps is interested in assessing the effectiveness of the Job Corps placement program. We are following up on former students who were enrolled in the Job Corps program. Your responses are confidential, and we appreciate your time and assistance. Your participation is voluntary. Our records show that the person listed below may be a current or former employee of your company. We would like to verify employment for:

NAME: <NAME>   LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <xxxx>

1.   Our records show he/she was employed with your company. Is this correct?
     CIRCLE ONE.
     YES
     NO
     DON'T KNOW

2. And did his/her employment begin around <DATE>.
     CIRCLE ONE.
     YES   **PLEASE GO TO QUESTION 4.**
     NO DON'T
     KNOW

3. On what date did he/she begin working there?

     ENTER DATE   _____ / _____ / _____ . DON'T KNOW

4. Did he/she work at least <HOURS> per week?
     CIRCLE ONE.
     YES   **PLEASE GO TO Q. 6**
     NO DON'T
     KNOW

5. What are the most hours he/she worked per week?

     ENTER HOURS   _____   DON'T KNOW

6. Did he/she earn at least $5.15 per hour when he/she first started that job?
     CIRCLE ONE.
     YES
     NO
     DON'T KNOW

Your signature: Job Title: Date:

Please return this form in the enclosed envelope or fax it to us at   (443) 367 0026.   If you have any questions please contact IMPAQ International at our toll-free number 1-800- XXX-XXXX.
Thank you for your prompt cooperation.

Sincerely,

Alisu Schoua Glusberg
Director of IMPAQ International Survey Center

LETTER TO RE-VERIFY INITIAL PLACEMENT WITH HIGH SCHOOL

To Whom It May Concern:

IMPAQ International is a research and evaluation contractor with the U.S. Department of Labor's Job Corps program. Job Corps is interested in assessing the effectiveness of the Job Corps placement program. We are following up on former students who were enrolled in the Job Corps program. Your responses are confidential, and we appreciate your time and assistance. Your participation is voluntary. We understand that the person listed below may be a current or former student at your school. We would like to verify enrollment for:

NAME: <NAME>   LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <xxxx>

1. Our records show he/she was enrolled at your school. Is this correct?
      CIRCLE ONE
      YES
      NO
      DON'T KNOW

2. And did his/her enrollment begin around <DATE>.
      CIRCLE ONE.
      YES   **PLEASE GO TO QUESTION 4.**
      NO
      DON'T KNOW

3. On what date did he/she enroll there?

      ENTER DATE   /   /   .   DON'T KNOW

4. And was this school/training expected to last for at least one term?
      CIRCLE ONE.
      YES
      NO
      DON'T KNOW

Your Signature: Job Title: Date:

Please return this form in the enclosed envelope or fax it to us at (443) 367 0026. If you have any questions please contact Decision Information Resources, Inc. at our toll-free number 1-800- XXX-XXXX. Thank you for your prompt cooperation.

Sincerely,

Alisu Schoua Glusberg
Director of IMPAQ International Survey Center

LETTER TO REVERIFY INITIAL PLACEMENT WITH POST SECONDARY VOCATIONAL OR OTHER TRAINING PROGRAMS

To Whom It May Concern:

IMPAQ International is a research and evaluation contractor with the U.S. Department of Labor's Job Corps program. Job Corps is interested in assessing the effectiveness of the Job Corps placement program. We are following up on former students who were enrolled in the Job Corps program. Your responses are confidential, and we appreciate your time and assistance. Your participation is voluntary. We understand that the person listed below may be a current or former student at your school/training program. We would like to verify enrollment for:

NAME: <NAME>   LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <xxxx>

1. Our records show he/she was enrolled at your school or training program. Is this correct?

        CIRCLE ONE.
        YES
        NO
        DON'T KNOW

2. And did his/her enrollment begin around <DATE>.

        CIRCLE ONE.
        YES   **PLEASE GO TO QUESTION 4.**
        NO DON'T
        KNOW

3. On what date did he/she enroll there?

         ENTER DATE   ____/____/_____ . DON'T KNOW

4. And was this student expected to attend at least 20 hours per week?

        CIRCLE ONE.
        YES
        NO
        DON'T KNOW

Your Signature   Job Title   Date

Please return this form in the enclosed envelope or fax it to us at (443) 367 0026. If you have any questions please contact Decision Information Resources, Inc. at our toll-free number 1-800- XXX-XXXX. Thank you for your prompt cooperation.

Sincerely,

Alisu Schoua Glusberg
Director of IMPAQ International Survey Center

LETTER TO REVERIFY INITIAL PLACEMENT AT COLLEGE

To Whom It May Concern:

IMPAQ International is a research and evaluation contractor with the U.S. Department of Labor's Job Corps program. Job Corps is interested in assessing the effectiveness of the Job Corps placement program. We are following up on former students who were enrolled in the Job Corps program. Your responses are confidential, and we appreciate your time and assistance. Your participation is voluntary. We understand that the person listed below may be a current or former student at your college. We would like to verify enrollment for:

NAME: <NAME>   LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <xxxx>

1. Our records show he/she was enrolled in your college program. Is this correct?
    CIRCLE ONE.
    YES
    NO
    DON'T KNOW

2. And did his/her enrollment begin around <DATE>.
    CIRCLE ONE.
    YES   **PLEASE GO TO QUESTION 4.**
    NO
    DON'T KNOW

3. On what date did he/she enroll there?

    5.   ENTER DATE: _____ / _____ / _____ .   DON'T KNOW

4. And was this student registered for at least <HOURS> credit hours?

    CIRCLE ONE.
    YES
    NO DON'T
    KNOW

For how many credit hours did this student enroll?

    6.   ENTER HOURS: _____   DON'T KNOW

Your Signature: Job Title: Date:

Please return this form in the enclosed envelope or fax it to us at (443) 367 0026. If you have any questions please contact Decision Information Resources, Inc. at our toll-free number 1-800- XXX-XXXX. Thank you for your prompt cooperation.

Sincerely,

Alisu Schoua Glusberg
Director of IMPAQ International Survey Center