

APPENDIX F

PILOT TEST RESULTS FOR INTAKE FORMS



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**MEMORANDUM****TO:** Sheena McConnell**FROM:** Julita Milliner-Waddell and Pat Nemeth**DATE:** 4/26/2010  
WIA-42**SUBJECT:** WIA Pilot Test

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**A. INTRODUCTION**

Mathematica conducted a pilot test of the three intake forms that will be used to enroll participants in the Workforce Investment Act Gold Standard Evaluation of the Adult and Dislocated Worker Programs (WIA Evaluation). The goal of the pilot test was to identify and eliminate problems with layout, wording, and skip errors and to determine the time burden on respondents. The pilot test also provided early insights about the interest and willingness of WIA customers to enroll in a program like the WIA Evaluation.

The pilot test was conducted at the Middlesex County One Stop Career Center in New Brunswick, New Jersey on March 29, 2010. Pat Nemeth, the Survey Director for the evaluation, and Julita Milliner-Waddell, Deputy Survey Director, administered the pilot test. Customers of the Center were approached and asked if they would be willing to complete the intake forms. Each pilot test participant was paid \$25 for completing the forms and providing feedback about their experience.

Replicating the plan for the main study, the three intake forms were packaged together—a Consent to Participate form, a baseline information form, and a contact information form. The forms were modified slightly for the pilot test. Specifically, spaces to record start and end times were added to each form and questions requesting a full Social Security Number (SSN) or the last four digits of the SSN were shaded and not collected as part of the pilot test.

A total of seven WIA customers completed the pilot test. All were utilizing Resource Center services. Four of participants were male; four were black; two were white; and one was Asian. As shown in Table 1, the pilot test participants took approximately 13 minutes to complete all three forms, on average. At the end of each session, the pilot test participants were debriefed to ask for their overall impression of the forms, and any specific questions or problems encountered. A standard debriefing protocol was used for this purpose (see Attachment A).

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**TABLE 1**  
**WIA INTAKE FORMS - AVERAGE COMPLETION TIMES (minutes)**

	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>	<b>R6</b>	<b>R7</b>	<b>TOTAL</b>	<b>AVERAGE</b>
Consent Form	3	3	3	3	5	5	3	25	3.57
BIF	3	5	4	6	7	8	5	38	5.43
Contact Form	3	3	3	5	4	4	7	29	4.14
All 3 Forms	9	11	10	14	16	17	15	92	13.14

Each intake form is discussed separately below.

## **B. CONSENT FORM**

Participants took between three and five minutes to complete the consent form, with an average of 3.57 minutes overall. For the most part, the language on the consent form did not present a problem for any of the participants who seemed to understand the concept of random assignment and the assignment to groups. One participant misunderstood the three groups described on the consent, interpreting that people selected would work in groups. The only other problem was the acronym “WIA”. The parenthetical reference did not seem to work.

The current wording is as follows:

The national study, called the Workforce Investment Act Gold Standard Evaluation (WIA Evaluation), is being conducted by a team of researchers at Mathematica, Social Policy Research Associates, and MDRC.

We recommend that this wording be changed to read:

The national study, called the Workforce Investment Act (WIA) Gold Standard Evaluation is being conducted by a team of researchers at Mathematica, Social Policy Research Associates, and MDRC. This study is also called the WIA Evaluation.

A copy of the consent form is attached as Attachment B.

## **C. BASELINE INFORMATION FORM (BIF)**

Participants took an average of 5.43 minutes to complete the BIF, with a range of three to eight minutes. Overall, participants did not have problems with the BIF, but

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provided helpful feedback on ways to improve several items. The recommended changes to the BIF are presented below by question number.

- Question 2: Change the format to ask for first name, first.
- Question 7: Add an option to check “none” if the respondent does not have a home phone.
- Question 8: Add an option to check “none” if the respondent does not have a cell phone.
- Question 9: Provide more space to record an e-mail address.
- Question 10: Consider dropping this question which asks for a third phone number. Only two of the seven participants provided a response. Two others provided a name in the “this number belongs to” line even though no number was provided, likely referring to the cell phone entry at question 8.
- Question 15: The only two people who apparently live alone, entered “0” here, even though the question asks “including yourself”. We may need to ask if you live alone first.
- Question 17: Provide more space to record “other kinds of degrees, diplomas, or certificates.
- Question 24: Add “at your main job” to this question to focus respondents with more than one employer.
- Question 25: Change rate of pay boxes to a straight line.
- Question 25: Add a note to provide an average if wages vary.
- Question 26: Add an option to check “none” at this question which asks about public assistance receipt.

The section of the BIF to be completed by a counselor was not tested. This section is study-specific and would not have been meaningful to counselors at the New Brunswick One Stop Career Center. Attachment C provides a copy of the BIF.

#### **D. CONTACT INFORMATION FORM**

The contact information form took participants an average of 4.14 minutes to complete and ranged from 3 to 7 minutes. Respondents did not have any problems completing this form. All but one was able to provide three contacts. Most respondents provided only one number for each contact. While most participants were able to recall this information, a couple needed to look the information up. The contact information form is included as Attachment D.

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## **E. CONCLUSIONS**

The pilot test of the intake forms for the WIA Evaluation provided useful information for improving the format, wording and content of the three intake forms planned for the study. The forms will be revised to reflect the information learned.

cc: Karen Needels, Linda Rosenberg

**ATTACHMENT A  
WIA PRETEST DEBRIEF QUESTIONS**

- 1. What is your overall reaction to the forms you just completed? (PROBE for length of time it took, willingness to provide the needed information, any questions or words that were hard to understand, etc.)

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- 2. The consent form explains that participants would be randomly assigned to one of three groups. In your own words, please tell me what that meant to you. (PROBE: Did you understand what was explained? What, if anything, was confusing or difficult to understand in these descriptions?)

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- 3. How do you feel about the questions on the Baseline Information Form? (PROBE: Were any questions difficult to answer? Which ones? Did you dislike anything on the form?)

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- 4. You did not have to provide your social security number for this pretest, but would be asked to do so if you were at a participating OneStop Center. How would you feel about that? (PROBE: What about providing the last 4-digits only?)

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- 5. How do you feel about providing contact information of friends and relatives? (PROBE: Would you be willing to provide this kind of information if you were at a participating OneStop Center? / Which particular pieces of information would you be most likely to provide/not provide? Were you able to recall address and telephone numbers for your contacts? Do you know why we ask for this information?)

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- 6. If this program were being offered at this One Stop, would you have consented to participate? Why/Why not?

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START TIME: |\_\_|\_\_|:|\_\_|\_\_|

ATTACHMENT B
CONSENT FORM

CONSENT TO PARTICIPATE IN THE WORKFORCE INVESTMENT ACT GOLD
STANDARD EVALUATION PRETEST VERSION

The U.S. Department of Labor is sponsoring a study about the nation's employment and training programs to learn how well these programs are working and how they can be improved. The national study, called the Workforce Investment Act Gold Standard Evaluation (WIA Evaluation), is being conducted by a team of researchers at Mathematica, Social Policy Research Associates, and MDRC.

By signing this consent form, you are agreeing to take part in this very important study. As a participant in this study, the following will happen:

- A computer will assign you to one of three groups. Your placement in one of these groups is like a lottery. The group you end up in will be decided completely by chance and will not be affected by any of your characteristics. The group you are assigned to will affect the services you can access for up to three years. The three groups are:
• Group 1: If you are assigned to Group 1, you will have access to all of the WIA services available. This includes access to WIA training funds to help pay for training at a state-approved provider, if appropriate. Most people will be assigned to this group.
• Group 2: If you are assigned to Group 2, you will have access to all of the WIA services, except WIA-funded training. You will be able to access intensive staff-assisted services, which may include career interest and skills assessments, job counseling, and longer-term workshops on further developing work skills, and core services which include services in the Resource Room such as job listings and access to the Internet.
• Group 3: If you are assigned to Group 3, you will have access to core services, which may include job listings and access to the Internet. You will not have access to WIA intensive staff-assisted services or to WIA-funded training.
• The decision to participate in the study is up to you. If you decide not to be in the study, you will only have access to core services. Core services include services in the Resource Room such as access to job listings and the Internet.
• You may be contacted by an interviewer from Mathematica to complete two interviews by telephone over the next few years. These interviews are voluntary, but they are very important to the success of the study. You will receive a payment for each survey you complete.
• Government agencies such as the Social Security Administration, Employment Service, and agencies that administer the Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Workforce Investment Act (WIA) programs may share information with the research team about your earnings and government services and benefits you receive.
• All information that is collected about you through interviews or agency records will be used for research purposes only. All information will be kept strictly confidential, unless the law requires otherwise, or you request release of your information in writing. Your name will never be used in any reports and no information will be reported in any way that can identify you.

I have read this consent form (or it has been read to me). I have also been given written information about this study. I understand the information provided in these materials and voluntarily agree to participate in the WIA Evaluation. If I have questions I can contact the study hotline toll free at 1-xxx-xxx-xxxx.

CUSTOMER'S NAME (Printed)

SOCIAL SECURITY NUMBER—LAST 4 DIGITS ONLY

CUSTOMER'S SIGNATURE

DATE

END TIME: |\_\_|\_\_|:|\_\_|\_\_|

ELAPSED TIME: |\_\_|\_\_|:|\_\_|\_\_|



**ATTACHMENT C  
BASELINE INFORMATION FORM**

**Background**

1. **Today's Date:** | | / | | / | 2 | 0 | | |  
Month Day Year

2. **Name:**  
\_\_\_\_\_  
Last Name First Name M.I.

2a. **Maiden Name:**  
\_\_\_\_\_

3. **Address:**  
\_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City State ZIP Code

4. **Date of Birth:** | | / | | / | 1 | 9 | | |  
Month Day Year

5. **Social Security Number:**  
| X | X | X | - | X | X | - | X | X | X | X |

6. **Gender:** 1  Male 2  Female

7. **Home Phone Number:**  
(| | | |) - | | | | - | | | | | |  
Area Code

Under whose name is that phone listed?

- 1  My own name  
2  Someone else's name (Write in):

\_\_\_\_\_  
Last Name First Name

8. **Cell Phone Number:**  
(| | | |) - | | | | - | | | | | |  
Area Code

9. **Email Address:** \_\_\_\_\_

10. **Other Contact Phone Number:**  
(| | | |) - | | | | - | | | | | |  
Area Code

This number belongs to:

\_\_\_\_\_

11. **Are you of Hispanic, Latino, or Spanish origin?**  
1  Yes 0  No

12. **What is your race?**

**CHECK ONE OR MORE BOXES**

- 1  White  
2  Black or African American  
3  American Indian or Alaska Native  
4  Asian  
5  Native Hawaiian or Pacific Islander  
6  Some Other Race (Write in): \_\_\_\_\_

13. **What is your primary spoken language?**

**CHECK ONE BOX**

- 1  English  
2  Spanish  
3  Other (Write in): \_\_\_\_\_

14. **What is your marital status right now?**

**CHECK ONE BOX**

- 1  Married 4  Divorced  
2  Living together, unmarried 5  Widowed  
3  Separated 6  Never married

15. **Including yourself, how many people live with you? (Please include babies, small children, people who are not related to you, and people who are temporarily away.)**

| | | # OF PEOPLE LIVING WITH YOU

16. **Are you a U.S. Veteran?**

- 1  Yes 0  No

**Education**

17. **Which of the following degrees, diplomas, or certificates have you received?**

**CHECK ALL THAT APPLY**

- 1  None  
2  Elementary, Middle, or Junior High diploma  
3  High School Diploma  
4  Adult Basic Education (ABE) certificate  
5  General Educational Development (GED)  
6  Vocational/Technical degree or certificate  
7  Business degree/certificate  
8  Associates degree (AA)  
9  Bachelor's degree or equivalent (BA/BS)  
10  Master's degree or equivalent (MA/MS)  
11  Doctor's degree (MD, Ph.D.)  
12  Other professional degree/certificate  
13  Other (Write in): \_\_\_\_\_

Employment

18. Do you have any health problems—mental, physical, or emotional—or substance abuse problems that limit the kind or amount of work or training that you can do?

- 1 Yes
0 No

19. Have you had a job in the past five years?

- 1 Yes
0 No -> GO TO #26

20. Are you currently working?

- 1 Yes -> GO TO #22
0 No

21. In what month and year did your last job end?

Month / 20 Year -> GO TO #22

ANSWER QUESTIONS 22-25 ABOUT YOUR CURRENT OR MOST RECENT JOB. (If you currently have more than one job or had more than one job recently, give answers about your job with the most hours.)

22. What is the name of your current or former employer?

- 1 Self-employed

23. What are (or were) your main duties at this company? PLEASE BE SPECIFIC

24. How many hours per week do (or did) you usually work?

HOURS PER WEEK

25. What was your current or most recent rate of pay, before taxes and deductions?

\$ Dollars Cents PER

CHECK ONE BOX

- 1 Hour 4 Twice per month
2 Week 5 Year
3 Every 2 weeks 6 Other (Write in):

Program Participation

26. Do you or anyone in your household currently receive assistance from any of the following programs?

CHECK ALL THAT APPLY

- 1 TANF (Cash assistance)
2 SSI or SSDI
3 General Assistance
4 SNAP (Food Stamps)
5 Unemployment Compensation
6 Other (Write in):

27. Have you ever used services at a One-Stop Career Center in the past?

- 1 Yes 0 No

Thank you for completing this form. Please return it to your WIA counselor.

FOR COUNSELOR USE ONLY

- A. WIA Site: [PREPRINTED]
B. Customer's WIA Registration or Other Local Identifier:
C. Customer's qualification status: 1 Dislocated Worker 2 Adult
D. WIA Counselor's ID:
E. WIA Counselor's Name: Last Name First Name M.I.
F. Likelihood of participation in WIA-Funded Intensive Services in absence of study: 1 Very Likely 3 Somewhat Unlikely 2 Somewhat Likely 4 Very Unlikely
G. Likelihood of participation in WIA-Funded Training in absence of study: 1 Very Likely 3 Somewhat Unlikely -> GO TO I 2 Somewhat Likely 4 Very Unlikely -> GO TO I
H. Likely Provider of WIA-Funded Training: 1 2 year or Community College 2 Private/Proprietary School 3 Other (Write in):
I. BIF Entered Into PTS: 1 Yes 0 No
J. Contact Form Submitted: 1 Yes 0 No
K. Participant Consent Submitted: 1 Yes 0 No

END TIME: ELAPSED TIME:

ATTACHMENT D  
WIA EVALUATION  
CONTACT INFORMATION FORM—PRETEST VERSION

Please print clearly. Use pen only

**APPLICANT INFORMATION**

1. Name: \_\_\_\_\_ 2. Social Security Number—Last 4 Digits only: X | X | X | X

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**CONTACT INFORMATION - RELATIVES AND FRIENDS**

**INSTRUCTIONS:** In the space below, please provide the name, address, email address, and phone number(s) of three close relatives or friends who **do not live with you** but who are likely to know how to contact you in the next year. We will only contact these people if we cannot reach you directly. Please complete all three sections.

**3. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name Middle Initial \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_\_

**TELEPHONE AND E-MAIL:**

Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Number

Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Number

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Number

Email Address \_\_\_\_\_

**RELATIONSHIP TO APPLICANT:  CHECK ONE**

- 1  Parent      4  Friend/Neighbor  
2  Grandparent    5  Employer  
3  Brother/Sister    6  Other \_\_\_\_\_

**4. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_\_

**TELEPHONE AND EMAIL:**

Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Number

Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Number

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Number

Email Address \_\_\_\_\_

**RELATIONSHIP TO APPLICANT:  CHECK ONE**

- 1  Parent      4  Friend/Neighbor  
2  Grandparent    5  Employer  
3  Brother/Sister    6  Other \_\_\_\_\_

**5. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name Middle Initial \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_\_

**TELEPHONE AND EMAIL:**

Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Number

Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Number

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Number

Email Address \_\_\_\_\_

**RELATIONSHIP TO APPLICANT:  CHECK ONE**

- 1  Parent      4  Friend/Neighbor  
2  Grandparent    5  Employer  
3  Brother/Sister    6  Other \_\_\_\_\_

Prepared by Mathematica Policy Research

END TIME: |\_\_|:|\_\_|:|\_\_|  
ELAPSED TIME: |\_\_|:|\_\_|:|\_\_|