ATTACHMENT D PROTOCOL—PARTICIPANT

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Site Visit Information

Cluster name: Date of site visit: Site visit team: Cluster ID: Site visit round:

Instructions for the Site Visit Team

Prior to going on the site visit, identify the most-salient activities conducted by grantee for ETA, and request to meet participants for that activity. The language in this protocol has been drafted for training participants. Please adapt it as necessary for other types of activities.

Respondent Information

- Respondent name:
- Gender:
- Grant support that respondent is receiving if other than training:
- Organization from which support is being received:
- Funding source for activity if other than ETA:

Motivation for Participating in JIAC Services

1. How and why did you start participating in this training program?

Program outreach and intake. How did you hear about this training program? Did you seek out this program or were you recruited to participate (for example, by your employer)?

Reasons for participation. Why did you decide to participate in training? What do you hope to accomplish by completing this training?

Respondent Employment and Educational History

We'd like to get a sense of your background in order to better understand how well this training is structured to meet your needs. To do so, I'm going to ask a few questions related to your schooling and employment history.

2. What is your educational and professional background?

Educational background. What is the highest level of schooling that you have completed? [IF HIGHER THAN POSTSECONDARY] What is your field of training?

Worker category. Are you currently employed?

[IF EMPLOYED]: Are you working full time or part time? How long have you been with your current employer? How long have you been in the workforce? What is the industry in which you work? How long have you worked in this industry? What is your occupation? How long have you been working as a [NAME OF OCCUPATION]?

[IF UNEMPLOYED]: When is the last time you had full-time employment? [IF RESPONSE IS "NEVER," MOVE TO QUESTIONS FOR LABOR MARKET ENTRANTS BELOW] How long did you work there? How many years have you worked in total? What is the industry in which you worked? How long did you work in this industry? What was your occupation? How long have you worked as a [NAME OF OCCUPATION]? How did you lose your job? (Was it due to a layoff, an employer closing, or being fired through no fault of your own?)? What have your experiences been with trying to find employment again?

[IF LABOR MARKET ENTRANT—THAT IS, SOMEONE WHO HAS NEVER WORKED BEFORE]: What is motivating you to enter the labor force now? What have your experiences been so far in trying to find employment?

3. Is the training that you are pursuing linked to your industry/occupation [SKIP FOR LABOR MARKET ENTRANTS]?

Link between work history and training. Is the training that you are pursuing related to your industry/occupation? Please describe how. After you complete this training, do you hope to continue in this occupation?

Intake into JIAC Training

4. What were the application and screening procedures for this training?

Application procedures. What did you have to do in order to receive this training? Were there any eligibility criteria you had to meet to participate in this program? Did you have to complete an application? Did you take an interest

inventory? Were you required to take (a) any assessment tests, (b) basic skills tests, (c) advanced skills tests or exams, or (d) prerequisite courses?

Types of Training and Other Supports Received

5. What kinds of training are you currently receiving from this organization?

Type of training program. In what kind of training program are you participating? Does it culminate in a certificate or degree? When did it begin? How long will it last (weeks, months, or years)? How many hours per week do you spend in training and in other related activities? What is the focus of the training? What kind of financial and other supports for training are you currently receiving? Do they meet your needs?

Fees. Do you have to pay any fees to participate in this training program? Are you paying the full fees associated with this program, or are you receiving some financial support? What percentage of this training is subsidized for you? What steps did you have to take to obtain this support?

Other supports. Have you received any other services (such as career counseling or placement assistance) or supports (such as wage support, transportation vouchers, child care) from this organization or any other partner agency in the local area? If yes, please describe these and indicate where you accessed them. If no, is this because you did not need additional supports or because they were not available?

Unmet needs. Do you need any additional assistance, services, or training beyond what is available or been offered to you? If so, what types of services? Why have you been unable to receive them?

6. What options and alternatives do you have available?

Context of training. How does this training program compare to other training options you have available in the community? Do you have other options that cover the same content? Offer the same credential? Are they structured the same way in terms of duration? Do they cost similar amounts? What are the strengths of this training compared to other available alternatives? What are the weaknesses?

Alternatives in the absence of training. If you did not have the option of participating in this program, what else might you have done to advance your career?

Grant Activities: Experiences with Training Program

7. What have your experiences been with this training so far?

Content. How informative do you find the content of the training program? Is the curriculum well developed? Does it cover the topics you need for professional advancement? Is it taught at the level of detail you need?

Quality of instruction. How effective are the instructors? How many instructors are involved in delivering the training to you? What are their backgrounds? Is the instruction clear? Do instructors make themselves available to help you with areas of difficulty?

Classroom dynamics and outcomes. How many other students are part of this training program? What is the size of your cohort? What are the educational and professional backgrounds of your classmates? How regularly do they attend the training? Have any of them dropped out of the program? How engaged are your classmates in the training?

Usefulness. How useful do you find the program to be overall? To what degree do you think it will help you in finding, retaining, or upgrading employment?

Strengths and weaknesses of the program. To wrap up, what are the things that this training program does well? If you could change three things about the program, what would those be?