

## Appendix B.1. Informed Consent

**AGREEMENT TO TAKE PART IN THE  
U.S. DEPARTMENT OF LABOR  
TRADE ADJUSTMENT ASSISTANCE COMMUNITY COLLEGE AND CAREER TRAINING  
EVALUATION**

You are invited to take part in an important study of education and career training programs. The study is funded by the U.S. Department of Labor (“DOL”). It will test how well our program works to help individuals complete education and training and find a job. Abt Associates, in partnership with the Urban Institute, the George Washington University Trachtenberg School of Public Policy and Public Administration [and name of third-party evaluator, if applicable], is conducting the study for DOL. Your participation will help the research team learn more about the benefits of this program.

Under this DOL study, individuals applying to this program will be assigned to one of two groups. (1) A group that is allowed to enroll immediately in the [local program name], or (2) a group that is not. If you are assigned to the second group, you may be allowed to enroll after a delay of 24 months if the [name of the local program] is still enrolling new students, you are still interested, and you still meet the entrance requirements. This lag will allow the research team to determine if the [local program name] leads to better outcomes for people like you than other training programs in the area or simply working without new training. We will use a lottery to make sure that people are assigned to the two groups in a fair way. There are limited openings in this program. Assigning people to the groups using a lottery ensures fairness. The decision about who goes to which group has nothing to do with personal traits, like your age, race or employment history or anything you tell us about your life history in study questionnaires.

**What does it mean to be in the study?**

Your participation in the study is voluntary. If you decide not to participate, this will not affect your eligibility for any other services here or elsewhere. However, you will not be able to enroll in the [local program name]. You may withdraw from the study at any time without penalty. If you are in the group that receives the training program and you decide to withdraw from the study, you may continue to participate in the program. If you are in the group that does not receive the training program and you decide to withdraw from the study, you will not be able to enroll in the [local program name] for at least 24 months from today.

To have a chance at enrolling in the [local program name], we will ask you to participate in certain activities. You will have to provide some information about yourself. You will also have to participate in the lottery that determines who will be allowed to enroll in the [local program name] immediately and who will not. Everyone who participates in the lottery will be in the study.

If you agree to be in the study, the research team will collect several kinds of information about you. This information will help them to understand how well the program is working. This information will be collected whether you are placed in the group that is allowed to immediately enroll in the [local program name] or the group that is not.

(1) We will ask you to complete two surveys today. One survey will ask you to provide your name, date of birth, and Social Security Number. Both surveys include some personal questions like whether you have a criminal record, your earnings, and the types of public assistance you receive.

(2) The researchers will contact you approximately one year from now to ask questions about your educational progress, work, and other topics. They may also contact you for up to two additional surveys. You can refuse to participate in the interviews or answer any of the questions.

(3) The researchers will use your name, date of birth, and/or Social Security Number to collect information about your employment and earnings history from Unemployment Insurance or similar records.

(4) The researchers will use your name, date of birth, and/or Social Security Number to collect information about your participation in this program (if you are assigned to the group that is allowed immediate enrollment)—such as grades, credits earned, financial assistance and support services.

### **Benefits and Risks of Participation**

Your participation in this study will help DOL learn whether programs like [local program name] lead to improvements in earnings and quality of life. The researchers conducting this study are committed to keeping your personal information private. There is a small risk of a breach of privacy; however, strong precautions will be taken to protect your information. Any piece of paper that includes your name will be kept in a locked storage area and will be destroyed after the study ends. Any computer files with your name will be protected by a password and will be stored on a secure network. Your personal information will be protected to the extent provided by law. A total of 5,000 individuals will participate in this study. We will only report your information in statistics that include information from others in the study. At the conclusion of the study, “anonymous” (non-identified) versions of your data and those of other study participants will be made available to other researchers interested in more general questions about job training and career progression, among other topics.

### **Questions**

If you have questions about this study, please contact [name of site contact or liaison to be added] at [contact information to be added]. For questions or concerns about your rights as a study participant, please contact Katie Speanburg at 1-877-520-6835 (toll free).

### **Consent to Participate**

I have read and understood the description of the U.S. Department of Labor Trade Adjustment Assistance Community College and Career Training Evaluation. I understand that I will be put into one of two groups - either a group that will be allowed to immediately enroll in [the local program name] or a group that will not. The group to which I am assigned will be picked by lottery. I know that my participation is voluntary. I understand that Abt Associates and its research partners are strongly committed to keeping my personal information private. My personal information will be protected to the extent provided by law. I know that I can refuse to answer any questions in the study’s interviews, or stop being in the study at any time without penalty. I understand that Abt Associates and its research partners will obtain information about me, as described above.

**Print Name:** \_\_\_\_\_  
                    **First**  **Last**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_