

Appendix B.2. Informed Consent Form for Auxiliary Data Collection on Veterans and TAA-Eligible Workers

**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 and 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 us learn more about the benefits of this program.

What does it mean to be in the study?

If you agree to be in the study, the research team will collect several kinds of information about you. The researchers need your permission to get information about you so they can understand the types of people in the program and how well the program is working. They want: (1) information about the training and services you get in the program; (2) information about you and your family, your education, and work history; and (3) personal data such as your Social Security Number so they can get information from government sources, such as Unemployment Insurance wage records, about your future employment and earnings.

Participating in this research study is voluntary. You may withdraw your permission to share data at any time. Refusing to provide permission for research now, or withdrawing permission for research later, will not affect your eligibility for any services in this program or elsewhere. If you withdraw, researchers may continue to use information that was collected about you during the period that you did give permission for research.

Benefits and Risks of Participation

Most applicants to this program are selected by lottery. Because you are either a veteran or a TAA-eligible worker, you may enroll without going through the lottery. The research team would still like to collect information about you. Your participation in this study will help DOL learn whether veterans and TAA-eligible workers enrolled in programs like [local program name] experience changes in earnings and quality of life that are similar to those of other students in such programs. 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. We expect at least 100 other veterans and TAA-eligible workers to participate in the study. We will only report your information in statistics that include information from other veterans and TAA-eligible workers in the study.

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 Spanburg at 1-877-520-6835 (toll free).

Statement

“I have read and understood the description of the U.S. Department of Labor Trade Adjustment Assistance Community College and Career Training Evaluation. I know that my participation in the research study 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 and that my name will never appear in any public report. I know that I can refuse to answer any questions researchers might ask me, and that I can stop being included in the research at any time without penalty. I understand that Abt Associates and its research partners will use my personal information to get information about me from other sources, as described above.”

PRINT NAME OF STUDY PARTICIPANT

IF YOU AGREE TO LET RESEARCHERS USE YOUR INFORMATION, SIGN ABOVE

DATE

IF YOU DO NOT AGREE TO LET RESEARCHERS USE YOUR INFORMATION, SIGN ABOVE

DATE