

Consent

Consent to Participate in a Focus Group for the Disability Employment Initiative (DEI) Evaluation

The purpose of this focus group is to discuss customers' experience at the One Stop Career Center, how they feel about the services provided, and their ideas for how the Center can better meet their needs. There will be two focus groups completed in each of seven states (a total of 14 focus groups). A total of about 140 customers will participate.

By signing this form, I consent to take part in one of these focus groups. The focus group will last about 1hour. It will involve completing a brief questionnaire which asks for basic background information about me and my employment status. I also consent to the focus group being sound recorded for the purpose of ensuring that comments provided have been accurately captured.

The purpose of the focus group has been explained to me. I have been told that my information:

- ✓ Will be kept confidential
- ✓ Will not be identifiable in any reports
- ✓ Will be used for research purposes only
- ✓ Will not be shared with anyone outside of the research team unless all identifying information is removed first
- ✓ Will not be shared with Career Center staff/counselors, employers, family members

I understand that my participation is voluntary and I am free to leave the group at any time.
If I decide not to participate at any time during the focus group, my decision will in no way affect the services or benefits that I receive at the Career Center.

I will receive a \$25 gift card for participating in the focus group.

If I have questions or concerns, I can contact Douglas Klayman, Ph.D., 301-990-1105 x105

I have been given a copy of this form.

Please PRINT Your Name

Date

Please Sign Your Name

Are you under 18?

- Yes – *Must have parent consent as well*
- No

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB Control Number for this information collection is xxxx-xxxx. The time required to participate in the focus group is estimated to average 60 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to US Department of Labor, Office of Disability Employment Policy, 200 Constitution Ave., N.W. Washington, DC 20210 and reference the OMB Control Number xxxx-xxxx.

For Parents:

The purpose of this focus group is to discuss customers' experience at the One Stop Career Center, how they feel about the services provided, and their ideas for how the Center can better meet their needs. There will be two focus groups completed in seven states (a total of 14 focus groups). A total of about 140 customers will participate.

By signing this form, I consent to my child taking part in one of these focus groups. The focus group will last about 1 hour. It will involve your child completing a brief questionnaire which asks for basic background information about him/her and his/her employment status. I also consent to the focus group being sound recorded for the purpose of ensuring that comments provided have been accurately captured.

Your child's information:

- ✓ Will be kept confidential
- ✓ Will not be identifiable in any reports
- ✓ Will be used for research purposes only
- ✓ Will not be shared with anyone outside of the research team unless all identifying information is removed first
- ✓ Will not be shared with Career Center staff/counselors, employers, family members

I understand that my child's participation is voluntary and they will be free to leave the group at any time. My child also does not have to respond to any questions they do not want to answer. If my child decides not to participate at any time during the focus group, their decision will in no way affect the services or benefits that they receive at the Career Center.

Your child will receive a \$25 gift card for participating in the focus group.

If I or my child has questions or concerns, I can contact Douglas Klayman, Ph.D., 301-990-1105 x105.

I have been given a copy of this form.

Please PRINT Child's Name

Signature of Parent/Legal Guardian

Date

Please PRINT Your Name

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB Control Number for this information collection is xxxx-xxxx. The time required to participate in the focus group is estimated to average 60 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to US Department of Labor, Office of Disability Employment Policy, 200 Constitution Ave., N.W. Washington, DC 20210 and reference the OMB Control Number xxxx-xxxx.

