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TechHire and Strengthening Working Families Initiative Evaluation

6-Month Participant Follow-Up Survey

January 17, 2018

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INTRODUCTION SCREEN 1

Welcome to the [TechHire/Strengthening Working Families Initiative] Study Survey!

[Click here to proceed.](#)

INTRODUCTION SCREEN 2

The U.S. Department of Labor has funded two organizations, Westat and MDRC, to conduct a survey of people who applied for training through the [PROGRAM NAME] program at [GRANTEE]. This survey asks about how you are doing with your job search, education and training, and job since applying to that program. Most of the questions we ask refer to a specific date. This is the date you applied to the [PROGRAM NAME] program. You may remember that you applied to the [PROGRAM NAME] program about 6 months ago.

Your opinions and experiences are extremely important, even if you were not selected to be in the program. Individual responses will be kept confidential. Responses to this data collection will be used only for the purposes of the study. The reports prepared from this survey will summarize findings across all study participants and individual responses will not be available to anyone outside the study team, except as required by law.

The survey is short and should take around 20 minutes to complete. To thank you, we will send you a card worth [\$20/\$30]. The card can be used anywhere that a credit or debit card can be used. Please allow about three weeks for the gift card to arrive.

If you have any questions, please contact Westat at [1-XXX-XXX-XXXX](tel:1-XXX-XXX-XXXX) or xxxxxx@xxxx.com.

[Click here to begin the survey.](#)

Frequency Asked Questions and Answers

What is the [TechHire/SWFI] Study?

The [TechHire/SWFI] study is a study to learn how and whether TechHire helps people get the training and skills needed for well-paying jobs. The study will compare the experiences of people who receive TechHire training and support services with those who do not. This will help us learn more about how to make these kinds of services more effective. The US Department of Labor is paying for the study. The study is run by Westat and MDRC. You can learn more about Westat by visiting our website at www.westat.com.

What is my role in the study?

By participating in the study, you will provide important information that will help create better programs for other people like you. The study offers you the opportunity to share your experiences and opinions in two surveys over a two-year period. In each survey, we will ask questions about your job experiences, education and training activities, use of community services, and some questions about your household. All your personal information will be kept private and we will never use names in a public report.

How do I complete the surveys?

You will be able to complete each survey easily on the web. Instructions on how to access the survey will be provided in a letter sent shortly before everyone is asked to complete the survey.

When will I complete the two surveys?

We will contact you to complete the first survey about six months after you applied to the program. We will contact you about a year later to complete the second survey. Even if you didn't end up getting selected for the program, we want you to complete each survey since your response is very important.

Do I get anything for completing the surveys?

Each time you complete one of the surveys, you will receive a debit card worth anywhere between \$20 and \$35 as a thank you.

What if I'm not participating in the program right now (or have never participated)?

Even if you aren't participating in the program now (or never did), you are still a very important part of the study. We want to know how you're doing so we can learn how to support better programs for people like you.

Will my answers be kept private?

Yes. All of the information we collect in the survey will be kept private to the extent permitted by federal law and will be used for research purposes only. Your answers will be combined with those of others and your name will never be used in reporting the results of the study. Your answers to questions will not affect your eligibility for any public program.

How do I contact you?

Our toll-free phone number is 1-XXX-XXX-XXXX. There is no cost for calling this number. You can also send us an E-mail at xxxxxy@xxxx.com.

Section A: Job Search

The first questions are about help you received from organizations in your community to find or keep a job or help you to attend school or training.

A1. Since [RAMY], have you received help with any of the following?

	Yes	No
a. Learning how to be a good employee such as how to dress, show good attendance habits, or be respectful. This is called "job readiness" or "soft skills" training.	1 <input type="radio"/>	0 <input type="radio"/>
b. Figuring out what sorts of careers might be right for you	1 <input type="radio"/>	0 <input type="radio"/>
c. Making a career plan	1 <input type="radio"/>	0 <input type="radio"/>
d. Creating or editing a resume	1 <input type="radio"/>	0 <input type="radio"/>
e. Finding specific job leads	1 <input type="radio"/>	0 <input type="radio"/>
f. Filling out a job application	1 <input type="radio"/>	0 <input type="radio"/>
g. Getting a recommendation	1 <input type="radio"/>	0 <input type="radio"/>
h. Scheduling job interviews	1 <input type="radio"/>	0 <input type="radio"/>
i. Practicing how to do a job interview	1 <input type="radio"/>	0 <input type="radio"/>
j. Supportive services such as childcare, transportation, books, uniforms, tools, other work supplies	1 <input type="radio"/>	0 <input type="radio"/>
k. Another job related service	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

Section B: Education and Training

The next questions are about education and job training activities in which you may have participated.

B1. Since [RAMY] have you completed any of the following?

	YES	NO
a. English as a Second Language (ESL) classes	1 <input type="radio"/>	0 <input type="radio"/>
b. Adult Basic Education (ABE) classes or classes to prepare for a GED or high school diploma	1 <input type="radio"/>	0 <input type="radio"/>
c. Courses for college credit	1 <input type="radio"/>	0 <input type="radio"/>

IF TREATMENT = 1

B2. Our records indicate that approximately 6 months ago, you enrolled in the [PROGRAM NAME] training program through [GRANTEE NAME]. Did you attend a training to prepare for a specific type of job, trade, or occupational, sometimes called vocational training, through that program?

- Yes.....1
- No.....0

IF TREATMENT = 0 OR B2 = 0

B3. Since [RAMY], have you ever participated in a training program to prepare for a specific type of job, trade, or occupation, sometimes called vocational training? This includes things like college or technical school courses and training programs run by nonprofit or for profit agencies. This training usually leads to a certificate, license, or credential in a specified field.

- Yes.....1
- No.....0 GO TO B12

IF B2 = 1 OR B3 = 1

B4. Are you currently enrolled in vocational training?

- Yes.....1
- No.....2

B5. In which of the following occupational fields did you receive vocational training since [RAMY]?

Select all that apply

- Information technology..... 1
- Financial services..... 2
- Advanced manufacturing..... 3
- Health Care..... 4
- Educational services..... 5
- Other..... 6

Specify

B6. Have you left any vocational training program before the program ended (dropped out) since [RAMY]?

- Yes..... 1
- No..... 2

IF B6 = 1

B7. What was the reason(s) you did not complete a vocational training program?

Select all that apply

- Illness or disability..... 1
- Problems with transportation..... 2
- Problems with childcare..... 3
- Program was not useful..... 4
- Program was too difficult..... 5
- Found a different program..... 6
- Found a job..... 7
- Could not afford program..... 8
- Incarceration..... 9
- Other..... 10

Specify

IF B2 = 1 OR B3 = 1

B8. Have you completed any vocational training since [RAMY]?

- Yes..... 1
- No..... 0 GO TO B11

B9. Have you earned or received any professional certifications or industry licenses since [RAMY]? A professional certification or license shows you are qualified to perform a

specific job like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification.

- Yes..... 1
- No..... 0 GO TO B11

IF B9 = 1

B10. In which fields did you receive professional certifications or industry licenses since [RAMY]?

Select all that apply

- Information technology..... 1
- Financial services..... 2
- Advanced manufacturing..... 3
- Health Care..... 4
- Educational services..... 5
- Other..... 6

Specify

IF B2 = 1 OR B3 = 1

B11. Have you had to pay for any of the training you have taken since [RAMY], either out of pocket or with loans?

- Yes..... 1
- No..... 0 GO TO B16

IF B11 = 1

B12. In total, how much have you spent or borrowed to attend training since [RAMY]?

\$ _____

- Don't remember..... d

IF B12 = d

B13. About how much have you spent or borrowed to attend training since [RAMY]?

- under \$1,000..... 1
- between \$1,000 and \$4,999..... 2
- between \$5,000 and \$9,999 3

- \$10,000 or more.....4
- Don't remember.....5

B14. People sometimes prepare to enter a trade or profession through a program that combines work experience with education or formal training. Since [RAMY], have you ever participated in this type of work experience program—for example, a paid or unpaid internship, on-the-job training, or apprenticeship?

- Yes.....1
- No.....0

Section C: Employment and Earnings

The next questions are about your employment. Please include part- or full-time or self-employment in your own business. Don't include any unpaid work or volunteering.

C1. Have you ever worked at a job for pay since [RAMY]?

- Yes..... 1
- No..... 0 GO TO D1

IF C1=1

C2. Are you currently working at a job for pay?

- Yes..... 1
- No..... 0

If C2 = 1 then **“Who is your current employer? If you have more than one job, answer for the job where you work the most hours”**

If C2 = 0 then **“Who is your most recent employer?”**

C3. [Who is your current employer? If you have more than one job, answer for the job where you work the most hours”/ Who is your most recent employer?] Please enter the name of the company.

C4. In which field [is/was] your job at [EMPLOYER]?

Select only one.

- Information technology..... 1
- Financial services..... 2
- Advanced manufacturing..... 3
- Health Care..... 4
- Educational services..... 5
- Other..... 6

Specify

C5. When did you start working at [EMPLOYER]?

Month Year
 20

Don't remember..... M

Ask C6 and C7 only if C2 = 0

C6. When did you stop working at [EMPLOYER]?

Month Year
 20

Don't remember..... d

C7. Why did you stop working at [EMPLOYER]?

Select only one.

- Layoff, company downsized, or plant closed..... 1
- Fired 2
- Quit 3
- Became disabled 4
- Moved away from the area 5
- Job was temporary and ended 6
- Other..... 7

Specify

C8. How many hours per week, including regular overtime hours [do / did] you usually work at [EMPLOYER]?

Hours per week

Don't remember..... d

IF C8 = D

C9. About how many hours (do / did) you work at [EMPLOYER] in a typical week?

Select only one.

- 1 – 19 hours..... 1
- 20 – 29 hours 2
- 30 – 34 hours 3
- 35 – 40 hours 4
- More than 40 hours 5
- Don't remember d

C10. How much [are / were] you earning [at / when you left] [EMPLOYER]? Please include tips, commissions, bonuses, and regular overtime.

Amount

- Hourly..... 1
- Weekly..... 2
- Monthly..... 3
- Yearly..... 4
- Don't remember..... d GO TO C12

IF C10 AMOUNT

C11. Is that amount before, or after, taxes are deducted?

- Before taxes..... 1
- After taxes..... 0
- Don't remember..... d

IF C10=D

C12. Which of the following ranges best describes your annual pay at [EMPLOYER]?

Select one only

- Less than \$5,000.....1
- \$5,000 or more, but less than \$10,000.....2
- \$10,000 or more, but less than \$20,000.....3
- \$20,000 or more, but less than \$30,000.....4
- \$30,000 or more, but less than \$40,000.....5
- \$40,000 or more, but less than \$50,000.....6
- \$50,000 or more.....7
- Don't remember.....d

C13. How closely related [is / was] your job at [EMPLOYER] to the education and training you had when you were last in school or training?

- Closely related.....1
- Somewhat related.....2
- Not related.....3
- Never received education or training specific to any job.....4

C14. Do you agree with the following statement about your job at [EMPLOYER]? There [are/were] many opportunities for career advancement for me.

- Strongly agree.....1
- Agree.....2
- Disagree.....3
- Strongly disagree.....4

C15. Do you agree or disagree with the following statements about your career?

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. I am making progress toward my long-range employment goals.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I see myself on a career path.	1 <input type="radio"/>	2 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

Section D: Childcare Arrangements

The next questions are about any children you may have and childcare arrangements.

D1. Are you the parent, guardian, or caregiver of any children under the age of 13 living in your household?

- Yes.....1
- No.....2

D2. Are you the parent, guardian, or caregiver of any children with a disability living in your household?

- Yes.....1
- No.....2

IF D1=1 OR D2=1 ELSE SKIP TO E1

D3. Since [RAMY], have you received help with the following from programs or organizations in your community?

	YES	NO
a. Finding child care?	1 <input type="radio"/>	0 <input type="radio"/>
b. Finding child care in a location convenient to you?	1 <input type="radio"/>	0 <input type="radio"/>
c. Finding or paying for transportation to child care?	1 <input type="radio"/>	0 <input type="radio"/>
d. Finding child care that offers hours which fit with your work, school, or training schedule?	1 <input type="radio"/>	0 <input type="radio"/>
e. Paying for child care?	1 <input type="radio"/>	0 <input type="radio"/>
f. Finding emergency alternatives for when your regular child care arrangements fall through?	1 <input type="radio"/>	0 <input type="radio"/>

D4. Since [RAMY], has your youngest child who lives with you received care from anyone other than your or your spouse/partner while you were working or in school or job training?

- Yes.....1
- No.....0 GO TO D6

IF D4 = 1

D5. Since [RAMY], who cared for your youngest child while you were working or in school or job training?

Select all that apply

- Head Start or Early Head Start.....1

- Preschool, nursery school, or child care center.....2
 - A non-relative such as a friend, neighbor, sitter, nanny, or au pair.....3
 - A family day care home.....4
 - Before or after school program.....5
 - A sibling, grandparent, or other relative6
 - Child cared for him or herself.....7
 - Other.....8
- Specify

IF D4 = 1

- D6. Since [RAMY], have you or anyone in your household paid anything for child care for your youngest child? Include payments that were later paid back or reimbursed.**
- Yes.....1
 - No.....2
- D7. Since [RAMY], has anyone else paid or reimbursed part or all of the costs of child care for your youngest child?**
- Yes.....1
 - No.....2

IF D1 = 1 OR D2 =1

- D8. Since [RAMY], approximately how many days did you have to make special arrangements for any of your children’s care because your child care provider was sick or unavailable?**
- Days
- Don't remember.....d
- D9. Since [RAMY], approximately how many days did you miss work or training because of your child care needs?**
- Days
- Don't remember.....d
- D10. Since [RAMY], have you had to quit a job, school, job search, or a training activity because you had problems arranging child care or keeping a child care arrangement?**
- Yes.....1
 - No.....0

D11. Since [RAMY] was there ever a time you did not take a new job or not start a training program because you had problems arranging child care or keeping a child care arrangement?

Yes.....1

No.....0

Section E: Address and Contact Information

E1. The next questions are about how to contact you. We will be sending your payment in the next week few weeks and need to make sure we have your correct address.

Street Address 1

Street Address 2 or Apt

City

State

Zip

Home Phone

Cell Phone

E-Mail

IF E1 HAS VALID CELL PHONE NUMBER

E2. May we send you text messages?

- Yes..... 1
- No..... 2

E3. Are you planning to move in the next 12 months?

- Yes..... 1
- No..... 2

IF E3 = 1

E4. What is your new address?

Street Address 1

Street Address 2 or Apt

City

State

Zip

- E5. As part of the study, we will contact you again in a year. In case you move, we would like the name, address, telephone number and e-mail of up to three relatives or close friends who would know where you are. We will only contact them if we have trouble getting in touch with you directly.**

First Contact

First name

Middle name

Last name

Relationship

Street Address 1

Street Address 2 or Apt

City

State

Zip

Telephone Number

E-Mail

Second Contact

First name

Middle name

Last name

Relationship

Street Address 1

Street Address 2 or Apt

City

State

Zip

Telephone Number

E-Mail

Third Contact

First name

Middle name

Last name

Relationship

Street Address 1

Street Address 2 or Apt

City

State

Zip

Telephone Number

E-Mail

Click here to submit your survey.

Thank you for your participation in this important study.

You will be receiving a gift card within the next few weeks to thank you for completing the survey!