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America's Promise Job Driven Grant Program Evaluation

Grantee Survey

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DATE

**INTRODUCTION**

The U.S. Department of Labor is conducting an evaluation of the America’s Promise Job-Driven Training Grants program and has asked Mathematica Policy Research and its research partner, Social Policy Research Associates (SPR), to assist with the study. As part of the evaluation, we are asking America’s Promise grantees to complete a brief survey about their program. Your participation will help DOL better understand how these programs function.

The survey covers several topics including the organizational and administrative structure of your program, program features, partnerships, and early challenges and successes.

This evaluation will rigorously measure the success of America’s Promise and identify practices associated with stronger regional coordination, employer engagement, and worker outcomes. Your participation is voluntary and individual responses to this survey will not be attributed to specific individuals or organizations. Responses to this data collection will be used only for statistical purposes. The reports prepared from the information provided as part of this survey will be summarized across all grantees, and individual forms will not be available to anyone outside the study team, except as required by law.

The survey should take approximately 30 minutes to complete. If there are questions you are not able to answer, please feel free to draw on the expertise and knowledge of others within your program. You may also want to refer to program documentation, such as your grant application or budget. If you have any questions as you complete this questionnaire, please contact Alicia Harrington at Mathematica Policy Research at 1-609-945-3350 or AHarrington@mathematica-mpr.com.

A. GRANTEE CHARACTERISTICS

Please complete this background information about yourself and the organization for which you work.

|  |
| --- |
| ALL |

A1. Program name:

 (STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

A2. Your name:

 (STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

A3. Your title:

 (STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

A4. Organization (Grantee) name:

 (STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

A5. Organizational type that best describes your organization:

select one only

🔾 Community college 1

🔾 Four-year college or university 2

🔾 For-profit educational institution 3

🔾 Workforce development agency/workforce development board (WDB) 4

🔾 Economic development agency 5

🔾 Chamber of Commerce 6

🔾 Nonprofit organization 7

🔾 Trade association 8

🔾 Utility 9

🔾 Military 10

🔾 State government 11

🔾 Local government 12

🔾 Tribal government 13

🔾 Small business 14

🔾 Disadvantaged business 15

🔾 Other private, for-profit business 16

🔾 Employer or industry group 17

🔾 Other (specify) 18

 (STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

A6. We are interested in the number of years of experience [Grantee] has had with a variety of activities.

 **Please enter the number of years of experience [Grantee] has had with each type of activity as of spring 2018.**

**Enter “0” if no experience or less than 1 year of experience.**

**Enter “d” if you do not know the level of experience.**

**Your best estimate is fine.**

|  |  |
| --- | --- |
|  | YEARS OF EXPERIENCE |
| a. Providing career and technical education/training programs  |  (STRING (NUM)) |
| b. Engaging in regional workforce partnerships  |  (STRING (NUM)) |
| c. Engaging employers in sector strategies  *Sector strategies engage the workforce system, training programs, and employers in a specific industry to prepare workers based on hiring needs and existing career opportunities* |  (STRING (NUM)) |
| d. Implementing customer-centered design  *Customer-centered design focuses on the needs of employers and program participants to identify services and solutions tailored to their needs.* |  (STRING (NUM)) |

|  |
| --- |
| ALL |

The rest of the questions ask you to think about [Program Name] and not specifically [Grantee Name].

A7. Did [Program Name] exist in the region in some form prior to receiving America’s Promise grant funds?

🔾 Yes 1

🔾 No 0 GO TO A8

NO RESPONSE d GO TO A8

|  |
| --- |
| A7=1 |

A7b. In what year did this program begin? Your best guess is fine.

 YEAR
(STRING (NUM))

🔾 Don’t know d

|  |
| --- |
| ALL |
| INSERT FILL CONDITION OR DELETE ROW |

A8. Think about all of the staff who currently work for [Program Name]. How many of the following staff were part of the program during spring 2018? Please indicate the number of staff in full-time and part-time positions. *Full-time is defined as staff with 100 percent of their time devoted to the program. Part-time is defined as staff with less than 100 percent of their time devoted to the program.*

 Please only consider the staff who are considered [Program Name] staff and have at least some time designated specifically for [Program Name].

 Please include all positions across all partners (including your organization).

**MARK ALL THAT APPLY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | NUMBER FULL TIME  | NUMBER PART TIME  | CHECK IF DON’T KNOW |
| a. Project/program director  |  (STRING (NUM)) |  (STRING (NUM)) | D 🔾 |
| b. Case manager(s)  |  (STRING (NUM)) |  (STRING (NUM)) | D 🔾 |
| c. Other *(specify):*  JOB TITLE(STRING (NUM))  |  (STRING (NUM)) |  (STRING (NUM)) | D 🔾 |
| d. Other *(specify):*  JOB TITLE(STRING (NUM))  |  (STRING (NUM)) |  (STRING (NUM)) | D 🔾 |
| e. Other *(specify):*  JOB TITLE(STRING (NUM))  |  (STRING (NUM)) |  (STRING (NUM)) | D 🔾 |

NO RESPONSE d

|  |
| --- |
| ALL |
| INSERT FILL CONDITION OR DELETE ROW |

A9. Please indicate the career pathways available through [Program Name] in spring 2018.

 Please also include the relevant SOC code(s) for each pathway on the line provided (separated by commas). For example, Clinical Nurse Specialists are 29-1141.04, and Materials Engineers are 17-2131.00.

 If your offerings have not changed, you may reference your grant application for the SOC codes, otherwise you can search for codes [here](https://www.onetonline.org/help/online/search).

 MARK ALL THAT APPLY

 1 □ Advanced manufacturing

 SOC CODE(S)
(STRING (NUM))

 2 □ Educational services

 SOC CODE(S)
(STRING (NUM))

 3 □ Financial services

 SOC CODE(S)
(STRING (NUM))

 4 □ Health care

 SOC CODE(S)
(STRING (NUM))

 5 □ Information technology and information technology-related

 SOC CODE(S)
(STRING (NUM))

 6 □ Other *(specify)*

 (STRING (NUM))

 SOC CODE(S)
(STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

**A10. In addition to DOL funding through the America’s Promise grant, use the first column of the table to mark the entities that provided funding or other in-kind support (such as staff time or training materials) to [Program Name] during spring 2018.**

 **In the second column, please indicate the type of funding and/or support.**

 **If no other entity provided any type of funding or resources, indicate this in item “I.”**

|  |  |  |
| --- | --- | --- |
|  | MARK ONE PER ROW | SELECT ALL THAT APPLY IN EACH ROW |
|  | A. DID THIS TYPE OF ENTITY PROVIDE SUPPORT? | B. IF YES, MARK THE TYPE OF SUPPORT BELOW |
|  | YES | NO | DON’T KNOW | FINANCIAL | IN-KIND | DON’T KNOW |
| a. Federal government (such as Pell Grants, WIOA, SNAP E&T, GI Bill, TAA, HPOG, TAACCCT)  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 0 🔾 | D 🔾 |
| b. Private foundation  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 0 🔾 | D 🔾 |
| c. State or local government  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 0 🔾 | D 🔾 |
| d. Employers  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 0 🔾 | D 🔾 |
| e. Institutes of higher education  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 0 🔾 | D 🔾 |
| f. Industry association  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 0 🔾 | D 🔾 |
| g. Community-based organizations  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 0 🔾 | D 🔾 |
| h. Some other organization *(specify)*  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 0 🔾 | D 🔾 |
|  (STRING (NUM)) |  |  |  |  |  |  |
| i. No other entity provided any type of funding support  | 1 🔾 | 0 🔾 | D 🔾 |  |  |  |

NO RESPONSE d

|  |
| --- |
| ALL |

A11. Currently, what is [Program Name]’s total operating budget for the full grant period? Please include all America’s Promise grant funds, as well as any matching resources used to fund the program.

 **Your best guess is fine. You can also round up.**

 TOTAL OPERATING BUDGET
(STRING (NUM))

 d □ Don’t know

|  |
| --- |
|  |
|  |

**B. PROGRAM FEATURES**

The next questions ask about the recruitment and application process for [Program Name].

|  |
| --- |
| ALL |

B1. Which of the following methods were used to identify or recruit participants for [Program Name] during spring 2018? Please consider all pathways in your response.

 Please indicate up to five of the most frequently used methods.

MARK up to five items

🞏 Flyers posted throughout partner locations 1

🞏 Referrals from education/training partners 2

🞏 Referrals from employer/industry partners 3

🞏 Referrals from workforce system partners 4

🞏 Referrals from economic development partners 5

🞏 Referrals from other partners 6

🞏 Word-of-mouth referrals from former/current participants 7

🞏 Websites or online advertising 8

🞏 Community outreach 9

🞏 Self-referrals or walk-ins 10

🞏 Enrollment fairs 11

🞏 Certain participants were automatically enrolled in the program 12

🞏 Recruited some other way (specify) 13

 (STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

B2. What is the target population for [Program Name]? Please consider all pathways in your response.

MARK ALL THAT APPLY

🞏 Unemployed workers 1

🞏 Underemployed workers 2

🞏 Incumbent workers 3

🞏 Low-income individuals 4

🞏 Military veterans and their spouses 5

🞏 Minorities 6

🞏 English language learners 7

🞏 Criminal justice-involved individuals 8

🞏 Women 9

🞏 Young adults 10

🞏 Recent high school graduates 11

🞏 Immigrants and refugees 12

🞏 Individuals with disabilities 13

🞏 Other (specify) 14

 (STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

B3. Besides the characteristics outlined in Question B2, which of the following does [Program Name] consider when reviewing a participant’s application for spring 2018? Please consider all pathways in your response.

MARK ALL THAT APPLY

🞏 Nothing, we didn’t have a formal application 1

🞏 Academic performance 2

🞏 Prerequisite course(s) (successful completion of) 3

🞏 Test score(s) (for example, placement test, admission test, standardized achievement test) 4

🞏 At least a high school diploma or GED 5

🞏 Not currently in another education/training program 6

🞏 Prior work experience in subject area/career pathway 7

🞏 Age 8

🞏 Interest in subject area/career 9

🞏 Interview with staff member 10

🞏 Personal statement 11

🞏 Special needs (for example, a student with disabilities) 12

🞏 Veteran status 13

🞏 English language proficiency 14

🞏 Recommendation 15

🞏 Other (specify) 16

 (STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

B4. What are your enrollment targets over the entire grant period for each type of participant listed below?

 Please confirm that the percentage of overall target for each type of worker listed below sums to 100 percent.

|  |  |  |
| --- | --- | --- |
| TARGET CATEGORIES | TARGET # | % OF OVERALL TARGET |
| 1. Unemployed workers
 |  (STRING (NUM)) |  (STRING (NUM)) |
| 1. Underemployed workers
 |  (STRING (NUM)) |  (STRING (NUM)) |
| 1. Incumbent workers
 |  (STRING (NUM)) |  (STRING (NUM)) |
| 1. Overall target
 |  (STRING (NUM)) | **100%** |

NO RESPONSE d

**C. PROGRAM SERVICES**

|  |
| --- |
| ALL |

C1. For each type of training program listed below, please use Column A to indicate whether it was offered to participants in [Program Name] during spring 2018. Please consider all pathways in your response. If a type of training was not offered, or you don’t know if it was offered, please skip to the next type, or to C2a if you have responded for all types.

 If a type of training was offered, please use Column B to indicate whether the activity included classroom instruction, work-based training, or both.

|  | MARK ONE PER ROW  | MARK ONE PER ROW  |
| --- | --- | --- |
|  | A.training offered? | B. Instruction type? |
|  | YES | NO | DON’T KNOW | CLASSROOM | WORK-BASED | BOTH |
| a. Short-term, accelerated training  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| b. Longer-term, intensive training  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| c. Training to upskill incumbent workers  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |

NO RESPONSE d

|  |
| --- |
| ALL |

C2a. For each activity or service listed below, please indicate whether it was offered to participants in [Program Name] during spring 2018. Please consider all pathways in your response.

|  | MARK ONE PER ROW  |
| --- | --- |
|  | A. activity offered? |
|  | YES | NO | DON’T KNOW |
| **Assessments and referrals** |  |  |  |
| a. Work readiness assessment  | 1 🔾 | 0 🔾 | D 🔾 |
| b. Career assessment/interest inventory  | 1 🔾 | 0 🔾 | D 🔾 |
| c. Individual development plan (career plan)  | 1 🔾 | 0 🔾 | D 🔾 |
| d. Referral to American Job Centers (also known as One-Stop Career Centers)  | 1 🔾 | 0 🔾 | D 🔾 |
| e. Referral to other organization for supportive services  | 1 🔾 | 0 🔾 | D 🔾 |
| **Academic support** |  |  |  |
| f. Articulation of credits  | 1 🔾 | 0 🔾 | D 🔾 |
| g. Individualized tutoring  | 1 🔾 | 0 🔾 | D 🔾 |
| **Financial support** |  |  |  |
| h. Full tuition  | 1 🔾 | 0 🔾 | D 🔾 |
| i. Costs related to credential attainment for individual participants, such as certification exam fees  | 1 🔾 | 0 🔾 | D 🔾 |
| j. Fees associated with other tests or exams (for example, SAT or ACT)  | 1 🔾 | 0 🔾 | D 🔾 |
| k. School supplies  | 1 🔾 | 0 🔾 | D 🔾 |
| l. Work clothes or uniforms  | 1 🔾 | 0 🔾 | D 🔾 |
| m. Work-related equipment (for example, personal computer)  | 1 🔾 | 0 🔾 | D 🔾 |
| n. Transportation  | 1 🔾 | 0 🔾 | D 🔾 |
| o. Child care  | 1 🔾 | 0 🔾 | D 🔾 |
| p. Other dependent care (for example, elder care)  | 1 🔾 | 0 🔾 | D 🔾 |
| q. Financial assistance for other non-tuition expenses  | 1 🔾 | 0 🔾 | D 🔾 |

NO RESPONSE d

|  |
| --- |
| ALL |

C2b. For each activity or service listed below, please use Column A to indicate whether it was offered to participants in [Program Name] during spring 2018. Please consider all pathways in your response.

 If a type of activity was offered, please use Column B to indicate whether the activity included classroom instruction, work-based training, or both.

|  | MARK ONE PER ROW  | MARK ONE PER ROW  |
| --- | --- | --- |
|  | A.activity offered? | B. Instruction type? |
|  | YES | NO | DON’T KNOW | CLASSROOM | WORK-BASED | BOTH |
| **Job preparation activities** |  |  |  |  |  |  |
| a. Mock interviews by industry professionals  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| b. Resume-writing workshops or assistance  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| c. Organization and teamwork training  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| d. Soft skills training  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| e. Citizenship training  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| f. Training in decision making and priorities  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| **Training activities** |  |  |  |  |  |  |
| g. Paid work experience/internships  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| h. Unpaid work experience/internships  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| i. On-the-job training  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| j. Registered apprenticeship  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| k. Classroom occupational training  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| l. Classroom occupational and integrated basic skills training  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| m. Classroom occupational training with work-based learning  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| n. Online training/distance learning  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| **Credential attainment and support** |  |  |  |  |  |  |
| o. Skill badges (IN HOVER LINK: Earn a “badge” for a specific skill, talent or other achievement”) | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| p. Stackable credentials  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| q. Preparation for a certification exam, including licensing exams  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| **Support for special populations** |  |  |  |  |  |  |
| r. Services for English language learners  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| s. Services for students with disabilities  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| t. Services for students from low-income families  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| u. Services for pregnant and parenting students  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| v. Other support service *(specify)*  | 1 🔾 | 0 🔾 | D 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
|  (STRING (NUM)) |  |  |  |  |  |  |

NO RESPONSE d

|  |
| --- |
| ALL |

C3. On average, how long does it take to complete [Program Name]’s education and training program? Please consider all pathways in your response.

 YEARS / MONTHS / WEEKS / DAYS / HOURS
(STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

C3a. What is the minimum amount of time it could take to complete [Program Name]’s education and training program? Please consider all pathways in your response.

 YEARS / MONTHS / WEEKS / DAYS / HOURS
(STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

C3b. What is the maximum amount of time it could take to complete [Program Name]’s education and training program? Please consider all pathways in your response.

 YEARS / MONTHS / WEEKS / DAYS / HOURS
(STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

C4. What are the top three reasons participants do not complete [Program Name]?

**MARK up to three**

🞏 Found job/re-employed 1

🞏 Poor grades 2

🞏 Low attendance 3

🞏 Transferred to another program 4

🞏 Financial constraints 5

🞏 Time constraints 6

🞏 Illness 7

🞏 Transportation issues 8

🞏 Child care issues 9

🞏 Other family issues 10

🞏 Other (specify) 11

 (STRING (NUM))

NO RESPONSE d

**D. PARTNER PARTICIPATION**

|  |
| --- |
| ALL |

D1. Please provide the following details for each type of key partner that is currently engaged in the partnership with [Program Name] as of spring 2018.

* **In Row A, indicate the number of partners you currently have of each type. If you do not have any partners of this type, enter a 0.**
* **For the partner types where you indicate at least one partner in Row A, please answer Questions B through E.**
* **If the number of partners for a particular partner type is 0 (Row A), move to the next partner type in the next column.**
* **If you have a key partner that is not captured in the table below, please list that partner in the “other” column.**

|  | A | B | C | D | E | F | G |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | INSTITUTIONS OF HIGHER EDUCATION | OTHER EDUCATION/TRAINING PROVIDERS | EMPLOYERS | COMMUNITY-BASED ORGANIZATIONS | WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS | ECONOMIC DEVELOPMENT AGENCIES | OTHER PARTNER*(specify* (STRING (NUM) |
| a. Number of grantee partners  |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |
| b. How many of these partnerships are newly established with [Grantee Name] as a result of the America’s Promise grant?  | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know |
| c. For partnerships that existed prior to receipt of the America’s Promise grant, how many **years** has the **longest** partnership with [Grantee Name] been in place? Your best estimate is fine.  | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know |
| d. How many partners have a signed MOU or letter of agreement (LOA) in place?  | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know |
| e. How many partners have a designated point of contact for the program?  | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know | (STRING (NUM))d 🔾 don’t know |
| f. How many of the partners do you think will continue with the partnership after the America’s Promise grant ends?  |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |  (STRING (NUM))d 🔾 don’t know |

NO RESPONSE d

|  |
| --- |
| ALL |

D2. Thinking of [Program Name]’s new partnerships, on average, how would you rate their level of involvement?

🔾 Very involved 1

🔾 Somewhat involved 2

🔾 Not very involved 3

NO RESPONSE d

|  |
| --- |
| ALL |

D3. Of the total number of each type of partner (listed in table in Question D1), how many have engaged in each type of program development and support activities with [Program Name] as of spring 2018?

 Please note that the numbers listed for each activity should not exceed the number of partners reported in D1a.

|  | INSTITUTIONS OF HIGHER EDUCATION | OTHER EDUCATION/TRAINING PROVIDERS | EMPLOYERS | COMMUNITY-BASED ORGANIZATIONS | WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS | ECONOMIC DEVELOPMENT AGENCIES | OTHER PARTNER*(specify)* (STRING (NUM)) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Helped define program strategies and goals  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| b. Actively participated on the program advisory board  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| c. Met for joint planning  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| d. Assisted with curriculum development and program design |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| e. Provided in-kind resources to support education/training  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| f. Received America’s Promise funds to provide services for participants  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| g. Shared information about participants  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| h. On average, how often does [PROGRAM NAME] make referrals to each type of partner?  | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals |
| i. On average, how often does each type of partner make referrals to [PROGRAM NAME]?  | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals | 1 🔾 Monthly2 🔾 Weekly3 🔾 More than once per week4 🔾 Does not make referrals |

NO RESPONSE d

|  |
| --- |
| ALL |

D6. Of the total number of each type of partner (listed in D1), how many have engaged in each type of workforce activity with [Program Name] as of spring 2018?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | INSTITUTIONS OF HIGHER EDUCATION | OTHER EDUCATION/TRAINING PROVIDERS | EMPLOYERS | COMMUNITY BASED ORGANIZATIONS | WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS | ECONOMIC DEVELOPMENT AGENCIES | OTHER PARTNER*(specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| a. Provided paid internships  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| b. Provided paid work experiences  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| c. Provided on-the-job training opportunities  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| d. Provided registered apprenticeships  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| e. Provided occupational skills training  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |
| f. Gave hiring preference to participants who complete the program  |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |  (STRING (NUM))d 🔾 don’t know0 🔾 N/A |

NO RESPONSE d

|  |
| --- |
| ALL |

D7. Please think about the five partners with whom you communicate most frequently regarding [Program Name]. For each of these partners, please indicate the partner’s name and its organization type below.

 MARK ONLY ONE FOR EACH PARTNER

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PARTNERS COMMUNICATED WITH MOST FREQUENTLY | INSTITUTION OF HIGHER EDUCATION | OTHER EDUCATION/ TRAINING PROVIDER | EMPLOYER | COMMUNITY-BASED ORGANIZATION | WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS | ECONOMIC DEVELOPMENT AGENCY | OTHER PARTNER*(specify)* (STRING (NUM)) |
| 1. (STRING (NUM)) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 |
| 2. (STRING (NUM)) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 |
| 3. (STRING (NUM)) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 |
| 4. (STRING (NUM)) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 |
| 5. (STRING (NUM)) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 |

NO RESPONSE d

**E. EARLY CHALLENGES AND SUCCESSES**

|  |
| --- |
| ALL |

E1. What, if any, challenges has [Program Name] experienced during implementation to date?

 Please indicate up to three challenges.

**MARK up to three items**

🞏 Difficulty recruiting participants 1

🞏 Difficulty engaging and retaining participants 2

🞏 Difficulty engaging and retaining partners 3

🞏 Difficulty engaging and retaining employers 4

🞏 Difficulty finding adequate staff 5

🞏 Difficulty providing supportive services 6

🞏 Difficulty providing referrals to program partners 7

🞏 Difficulty placing participants in jobs 8

🞏 Difficulty tracking participant data such as placements and retention 9

🞏 Difficulty sharing participant data across partners 10

🞏 Difficulty meeting federal reporting requirements 11

🞏 Funding limitations 12

🞏 Lack of or limited non-financial resources (such as space or equipment) 13

🞏 Lack of staff availability or competing demands on time 14

🞏 Resistance from program staff to implement changes 15

🞏 Need for a more culturally appropriate program 16

🞏 Requests for programming changes by participants 17

🞏 No challenges have been experienced 18

🞏 Other (specify) 19

 (STRING (NUM))

NO RESPONSE d

|  |
| --- |
| ALL |

E2. Please describe the biggest success [Program Name] has experienced during implementation.

 (STRING (NUM))

NO RESPONSE d

**This concludes the survey. Thank you very much for participating.**