

INSTRUMENT 3

FOCUS GROUP PARTICIPANT CONSENT FORM

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**Assent/Consent to Participate in the
National Evaluation of the Performance Partnership Pilots
for Disconnected Youth (P3)
Focus Group**

You are invited to participate in a focus group as part of an important research study for the U.S. Department of Labor (DOL). This study is being conducted by Mathematica Policy Research and Social Policy Research Associates. As part of this important study, we are conducting focus groups with youth participating in this and similar programs to help DOL learn more about how these programs are improving services to help young people succeed in work and school. There are no clear risks to participating in the focus groups. You will receive a \$20 gift card for your participation.

By participating, you will help DOL learn more about what it is like to participate in the [P3 pilot program]. As part of the focus group, we will be talking to you and other participants about your experiences in the program, about the services you've been receiving, and what your future plans are for work or school once you finish in the program.

Participation is voluntary and you can decide not to participate, without negative consequences.

We would like to record this discussion so that we can more easily listen to what you are saying. The recording will be destroyed once the study is completed. All the information you give will be protected and used only for research.

If you have any questions, please feel free to ask them now. If you have questions about the study after this focus group discussion, please feel free to call Linda Rosenberg at 1-xxx-xxx-xxxx.

Please read the statements below and check the appropriate box **in each section**.

- I am **18 years of age or older**.
- I am **younger than 18**. (Participants younger than 18 also need the consent of a parent or guardian to participate.)

- The purpose of the focus group was explained to me and I **want to participate**.
- The focus group was explained to me and I **do not want to participate**.

- YES, I give permission for this focus group to be recorded.**
- NO, I do not give permission for this focus group to be recorded.**

Then please sign your name on the line below.

Signature

Date

Print 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 Christina Yancey at 202-693-5091 or yancey.christina@DOL.gov and reference the OMB Control Number xxxx-xxxx.

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