TechHire and Strengthening Working Families Initiative Grant Programs Evaluation

Partner Survey

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INTRODUCTION SCREEN 1

Welcome to the TechHire and Strengthening Working Families Initiative Partner Survey!

Click here to proceed.

INTRODUCTION SCREEN 2

As you know, [GRANTEE NAME] is participating in a national evaluation of the [PRE-FILL BASED ON RESPONDENT ID NUMBER: TechHire or Strengthening Working Families (SWFI)] grant programs. The evaluation is sponsored by the Employment and Training Administration (ETA) of the U.S. Department of Labor (DOL), and is being conducted by Westat and MDRC. This evaluation will help us better understand how grant programs such as the one you are partnering with are being implemented. We hope to identify best practices and lessons learned that may be helpful to future grant administrators.

The Partner survey asks about your experiences as a partner of [GRANTEE NAME]. This survey should take about 30 minutes to complete. The survey seeks to understand your role, activities, and perceptions of the program.

Your responses will be kept private. The information that you provide will not be shared with other staff at your organization or at the grantee organization. The information that you provide will be combined with information provided by other partners and aggregated. Your name will not be listed in any reports, and your responses will not be attributed to you. Thank you in advance for your assistance in completing this survey and providing important information to the study. Your responses to these questions are completely voluntary. The information that you and others provide will be used to improve other DOL/ETA grant programs in the future.

The survey is intended to be completed by the person who has the most knowledge of your organization's partnership with [GRANTEE NAME]. If there are questions you are not able to answer, please feel free to draw on the expertise and knowledge of others within your organization. If you have any questions as you complete this questionnaire, please call 1-xxx-xxx-xxxx or email us at xxxx@westat.com.

Click here to begin the survey.

Frequently Asked Questions and Answers

"What is the purpose of the survey?"

The purpose of the survey is to understand how grant programs such as the one you are partnering with are being implemented. We hope to identify best practices and lessons learned that may be helpful to future grant administrators.

"What information do you intend to collect?"

The survey seeks to understand your role, activities, and perceptions of the program.

"How did you get my name?"

We are contacting individuals who administer TechHire and SWFI grant programs, and organizations with which they partner. Your name was provided to us by the grantee with whom you work.

"Who is conducting this survey?"

DOL is sponsoring a national evaluation, which is being conducted by Westat and MDRC.

"What happens if I don't participate?"

Your participation is voluntary. However, your experiences and opinions are very important to the successful implementation of future grant programs.

"Are my answers confidential?"

Your responses will be kept private. Access to any data will be limited only to contractor staff directly working on the survey. All findings in any written materials or briefings will be presented at the aggregate level and it will not be possible to link specific responses to individual respondents in any way. Once the survey is completed, all data on each respondent will be destroyed.

"How long will this take?"

The length of the survey is different for different people, but it usually takes about 30 minutes. You can complete the survey at a time that is convenient for you. Please note, if you cannot complete the *survey* in *one sitting*, you can save it and complete it at a later date. You may also share the login credentials with appropriate individuals in your organization as you deem necessary in order to report accurate information. The information that you provide is critical to the success of the study.

"Who do I call if I have questions about the survey?"

Please call 1-XXX-XXX-XXXX or email us at xxxx@westat.com.

A. Background Information

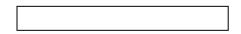This section asks basic information about the grant you are supporting.

A1. What is the name of the grant program you have been supporting?

Please Select ▾

A2. What is the name of your organization?

Please Select ▾

A3. What is the name of the person responding to this survey?

A4. What is your position at your organization and on the grant?

A5. Which of the following best describes your organization? (Please select all that apply.)

- ☐ Community college
- ☐ University
- ☐ Training provider
- ☐ Secondary education institution
- ☐ Employer or employer group
- ☐ Industry association
- ☐ Labor/management association
- ☐ Community-based organization/social services provider
- ☐ Child care agency or organization
- ☐ Government agency (aside from child care agency)
- ☐ Workforce Investment Board
- ☐ One-Stop Career Center (America's Job Centers)
- ☐ Correctional facility
- ☐ Other (Please specify)

A6. Did your partnership with the grantee exist prior to establishing this grant program?

○ Yes
○ No

A7. How did your organization become involved with the grant program? (Select all that apply.)

☐ My organization had an existing relationship with the grantee or another partner on the grant
☐ The grantee invited my organization to join the grant
☐ My organization heard about the grant and contacted the grantee about participating
☐ Other (Please specify):

> [   ]

A8. Did your organization sign a Memorandum of Understanding (MOU) with the grantee for the grant program?

○ Yes
○ No

B. Partner Roles and Responsibilities

This section includes questions about your role in the grant.

B1. How involved is/was your organization in each of the following activities?

Role	Not involved at all	Somewhat involved	Very involved
a. Writing of the grant proposal	O	O	O
b. Designing of the grant program	O	O	O
c. Developing education or training curriculum	O	O	O
d. Outreach and recruitment, referral, screening, or enrollment of participants (e.g., referral of clients, referral of current employees for incumbent worker training, screening of applicants, development of outreach materials, mentioning the program to clients, mentioning the program to partners)	O	O	O
e. Education delivery (e.g., basic skills instruction, General Educational Development (GED) classes, pre-GED classes, English as a Second Language (ESL) classes, adult basic education)	O	O	O
f. Training delivery (e.g., operation of training program, provision of faculty/instructors, provision of space/equipment)	O	O	O
g. Supportive service delivery (e.g., provision of supportive services such as child care, transportation, and other social supports through direct delivery, referral, or coordination)	O	O	O
h. Job placement (e.g., career coaching, resume and cover letter support, interview skills, matching program completers with employers, retention services)	O	O	O
i. Providing participants with work opportunities for learning (e.g., on-the-job training, paid internship, paid work experience, apprenticeship)	O	O	O
j. Recruitment or hiring of trained individuals (e.g., interviewing program completers, placing job ads with grantee, contacting grantee about potential candidates)	O	O	O
k. Promoting regional collaboration for economic and/or workforce development	O	O	O
l. Other (Please specify):	O	O	O

B2. What type of donations or contributions, if any, has your organization made to support the grantee that were not covered by the grant funds? (Please select all that apply.)

☐ Financial support

- ☐ Curriculum/training materials
- ☐ Equipment/facilities
- ☐ Mentors or tutors
- ☐ Scholarships/tuition assistance
- ☐ Staff/instructors
- ☐ Work experience and/or internship positions for participants
- ☐ Transportation
- ☐ Student support other than tuition (e.g., books, fees for exams)
- ☐ Supportive services
- ☐ Other (Please specify):

- ☐ No donations/contributions

C. Partner Role in Program Design

[ASK IF B1b=VERY INVOLVED OR SOMEWHAT INVOLVED]

C1. In which areas of the program design was your organization involved? (Please select all that apply.)

Target population and occupations
- ☐ Target populations
- ☐ Geographic area
- ☐ Target industries/occupations
- ☐ Career pathways/ladders opportunities
- ☐ Employer engagement strategy

Outcomes and Data
- ☐ Target outcomes for participants
- ☐ Data systems for tracking participant outcomes
- ☐ Collecting data on outcomes of program completers

Outreach, Recruitment, Screening, and Assessment
- ☐ Outreach and recruitment methods
- ☐ Referral sources
- ☐ Assessment strategy for applicants

Education and Training
- ☐ Basic skills component
- ☐ Job readiness/soft skills component
- ☐ Training component
- ☐ Identification of credentials to be provided to program completers
- ☐ Work-based learning component (on-the-job training, paid work experience, paid internships, Registered Apprenticeship)
- ☐ Ways to upskill frontline incumbent workers

Supportive Services
- ☐ Supportive services to be provided
- ☐ Case management

Job Placement
- ☐ Job coaching/counseling
- ☐ Job matching and job placement services
- ☐ Strategy for how training will lead to middle- or high-skilled jobs
- ☐ Using strategic partnerships to ensure employment upon training completion
- ☐ Strategies for job advancement and retention for incumbent workers
- ☐ Other (Please specify):

- ☐ None of the above

D. Partner Role in Education and/or Training Curriculum

[ASK IF B1C=VERY INVOLVED OR SOMEWHAT INVOLVED]

D1. What was your organization's role in education/training curriculum development? (Select all that apply.)

☐ Provided an existing curriculum
☐ Modified/adapted an existing curriculum for this grant
☐ Created a new curriculum for this grant
☐ Worked with other partner organization(s) to create a new curriculum for this grant
☐ Provided feedback during the curriculum design process
☐ Other (Please specify):

E. Partner Role in Outreach and Recruitment

Partner Role in Outreach and Recruitment

[ASK IF B1D=VERY INVOLVED OR SOMEWHAT INVOLVED]

   E1. Is your organization involved in the recruitment of participants?

   ○ Yes
   ○ No **(GO TO F1)**

   E2. Do you use any of the following methods to recruit participants?

	Yes	No	If Yes, How effective is each method at recruiting suitable participants?		
			Effective	Somewhat effective	Not effective
a. TV or radio public service announcements	○	○	○	○	○
b. Toll-free informational hotlines	○	○	○	○	○
c. Direct mail campaigns	○	○	○	○	○
d. Distribution of flyers, posters, or other informational materials	○	○	○	○	○
e. Use of grantee/partner websites	○	○	○	○	○
f. Facebook, Twitter, other social media	○	○	○	○	○
g. Door-to-door outreach	○	○	○	○	○
h. In-person presentations in the community (e.g., at schools, neighborhood centers, libraries)	○	○	○	○	○
i. Other (Please specify):	○	○	○	○	○

   E3. Have you made any changes to your recruitment strategy since the start of the program?

   ○ Yes
   ○ No **(GO TO E5)**

   E4. What changes have you made to your recruitment strategy?

   E5. Please rate the extent to which the following issues have been challenges in achieving originally-proposed participant enrollment levels in the program.

	Not a challenge	Minor challenge	Moderate challenge	Major challenge	Don't know
a. Low response to outreach efforts (including lack of interest)	O	O	O	O	O
b. Difficulty reaching the target population	O	O	O	O	O
c. Insufficient resources devoted to outreach and recruitment	O	O	O	O	O
d. Individuals are not available because of immediate need for employment	O	O	O	O	O
e. Many applicants are not meeting eligibility criteria	O	O	O	O	O
f. Availability of other training options in the community	O	O	O	O	O
g. Transportation or location problems	O	O	O	O	O
h. Problems with class schedules or off-hours availability of training	O	O	O	O	O
i. Applicants meet eligibility criteria but screening/assessment reveal that they are not a good fit	O	O	O	O	O
j. Applicants lose interest or motivation during the screening/assessment process and leave prior to enrollment	O	O	O	O	O
k. Insufficient child care options	O	O	O	O	O
Available child care options do not mesh with class or training times	O	O	O	O	O
l. Insufficient referrals from workforce system partners	O	O	O	O	O
m. Insufficient referrals from employer partners	O	O	O	O	O
n. Insufficient referrals from community-based organization partners	O	O	O	O	O
o. Other (Please specify):	O	O	O	O	O

[   ]

F. Partner Role in Education and/or Training Delivery

[ASK IF B1E=VERY INVOLVED OR SOMEWHAT INVOLVED OR B1F=VERY INVOLVED OR SOMEWHAT INVOLVED]

F1. Does your organization provide training to participants?

○ Yes
○ No **(GO TO G1)**

F2. What types of credentials do your provide to participants in the grant program? (Please select all that apply.)

☐ High school diploma/GED
☐ Associate's degree
☐ Industry recognized/specific certification
☐ Bachelor's degree
☐ Other (Please specify):

[   ]

○ None

F3. What types of training does your organization offer? (Please select all that apply.)

☐ On-the job training (OJT)
☐ Paid work experience
☐ Paid internship
☐ Registered Apprenticeship
☐ Accelerated training
☐ Competency-based training
☐ Distance learning and technology-based training
☐ Incumbent worker training
☐ Classroom occupational training
☐ Other (Please specify):

[   ]

F4. Does the training program accommodate different participants' schedules in any of the following ways? (Please select all that apply.)

☐ Evening and/or weekend schedule is available
☐ Some training is online
☐ Same material is provided on different days of the week
☐ Some training is self-paced
☐ Other (Please specify):

[   ]

F5. Which of the following factors describe the range of trainings options offered by your organization? (Please select all that apply.)

- ☐ We offer trainings that result in industry-recognized certifications or credentials
- ☐ We offer trainings that help participants get onto a career pathway that allows for future advancement
- ☐ We offer trainings that result in stackable certifications or credentials
- ☐ We offer trainings that result in portable certifications or credentials
- ☐ We offer trainings with multiple entry/exit points to accommodate participants of different skill levels
- ☐ Other (Please specify):

G. Partner Role in Delivery of Supportive Services

[ASK IF B1G=VERY INVOLVED OR SOMEWHAT INVOLVED]

G1. Which of the following best describes how your organization provides supportive services under the grant program? (SELECT ALL THAT APPLY.)

☐ We provide input on the types of supportive services provided to participants
☐ We provide supportive services directly
☐ We provide supportive services through referral or coordination
☐ We do not provide supportive services

[SKIP TO H1 IF G1 NOT WE PROVIDE SUPPORTIVE SERVICES DIRECTLY]

G2. What type of supportive services does <u>your organization</u> provide under the grant program? (SELECT ALL THAT APPLY.)

☐ Coaching and/or mentoring
☐ Peer support
☐ Child care
☐ Transportation
☐ Housing
☐ Legal assistance
☐ Financial counseling
☐ Work-related supplies and expenses (uniforms, tools, licensing fees)
☐ Emergency assistance
☐ Food assistance (other than SNAP)
☐ Medical care
☐ Mental health assistance
☐ Other (Please specify):

_____

G3. To what extent do you agree with the following statement?

Providing support services helped participants stay enrolled in the program.

○ Strongly agree
○ Agree
○ Neither agree nor disagree
○ Disagree
○ Strongly disagree

H. Partner Role in Job Placement Services

[ASK IF B1H=VERY INVOLVED OR SOMEWHAT INVOLVED]

H1. Which of the following types of job placement services does your organization provide to participants? (Select all that apply.)

☐ Meeting with employers to identify job openings for graduates
☐ Developing hiring agreements with employers
☐ Soft skills/workplace readiness
☐ Job search assistance (e.g., resume building, interview preparation)
☐ Identifying job openings/providing job listings
☐ Career counseling
☐ Operating job fairs or referring participants to job fairs
☐ Other (please specify):

☐ None of the above

H2. To what extent do participants that complete the program find employment in the area for which they are trained?

○ To a very great extent
○ To some extent
○ To a limited extent
○ Not at all

H3. To what extent do participants that complete the program have the knowledge, skills and abilities necessary to perform the jobs for which they trained?

○ To a very great extent
○ To some extent
○ To a limited extent
○ Not at all

H4. To what extent do the credentials earned by program participants through the grant help them in being placed in a job?

○ To a very great extent
○ To some extent
○ To a limited extent
○ Not at all

I. Partner Role in Providing Work-Based Opportunities for Learning

[ASK IF B1I=VERY INVOLVED OR SOMEWHAT INVOLVED]

I1. What types of work-based learning opportunities does your organization provide to program participants? (Select all that apply.)

☐ On-the-job training
☐ Paid work experience
☐ Paid internship
☐ Registered apprenticeship
☐ Other (please specify):

[ ]

I2. For how many participants did your organization provided work-based learning opportunities since the grant program began? Your best guess is fine.

[ ]

○ 0 (Have not served provided work-based learning to any program participants) **(GO TO J1)**

I3. Does your organization use these work opportunities to evaluate potential hires?

○ Yes
○ No **(GO TO J1)**

I4. Of those program participants for whom your business has provided work-based learning opportunities, how many did you want to retain/hire?

○ All or almost all
○ More than half
○ About half
○ Less than half
○ None or almost none

J. Partner Role in Recruitment or Hiring of Trained Individuals

[ASK IF B1J=VERY INVOLVED OR SOMEWHAT INVOLVED]

J1. Which of the following activities has your organization done to recruit or hire trained individuals?

☐ Guarantee interviews to grant program participants
☐ Place job listing with the grantee
☐ Placing direct calls to the grantee to learn about potential candidates
☐ Other (please specify):

☐ None of the above

J2. How many potential candidates have been referred to your organization by the grantee? Your best guess is fine.

○ 0 (No program graduates have been referred) **(GO TO J5)**

J3. How would you rate grant program participants referred to your organization in the following areas compared to other applicants for the same or similar positions? Please respond even if you only had one referral.

	Worse than average	About average	Better than average	Don't know
a. Their skills directly related to the job	○	○	○	○
b. Their English language proficiency	○	○	○	○
c. Their reading, writing, verbal, or mathematical skills	○	○	○	○
d. Their soft/interpersonal skills	○	○	○	○
e. Their dependability/being on time on the job	○	○	○	○
f. Their desire to work hard	○	○	○	○
g. Their having a positive attitude	○	○	○	○
f. Their job performance	○	○	○	○
g. Their likelihood of advancing to higher level positions	○	○	○	○

J4. Since the start of the grant, have you hired any grant program participants?

○ Yes
○ No

J5. How would you rate your overall experience working with the grantee to place grant program participants into jobs in you organization?

○ Very satisfied
○ Satisfied

- Neither
- Dissatisfied
- Very dissatisfied

K. Sustainability and Future Plans

This section asks about the efforts underway to continue your involvement in program activities after the end of the grant period.

K1. Is there are a formal sustainability plan for the training program once the grant has expired?

○ Yes
○ No, but we have plans to develop a sustainability plan **(GO TO L1)**
○ No, and we don't have any plans to develop a sustainability plan **(GO TO L1)**
○ Don't know **(GO TO L1)**

K2. How involved has your organization been in developing the plans to continue the program after the grant period ends?

○ Very involved
○ Somewhat involved
○ Not involved

K3. After the grant period ends, to what extent will your organization be involved in the continuation of the program?

○ Very involved
○ Somewhat involved
○ Not involved at all **(GO TO K3)**
○ Don't know **(GO TO K3)**

K4. After the grant period ends, what kinds of resources will your organization bring to the training program? (Select all that apply.)

☐ Financial support
☐ Curriculum/training materials
☐ Equipment/facilities
☐ Mentors or tutors
☐ Scholarships/tuition assistance
☐ Staff/instructors
☐ Work experience and/or internship positions for participants
☐ Transportation
☐ Student support other than tuition (e.g., books, fees for exams)
☐ Supportive services
☐ Other (Please specify)

☐ None of the above

L. Systems Level Activities

[ASK ONLY IF SWFI]

This section asks about how child care systems have changed since the grantee was awarded the grant period, if at all.

L1. Which of the following objectives do you believe the grant program has helped to achieve or improve <u>so far</u>? (Select all that apply.)

☐ Increasing access to training and child care for low-income and working parents
☐ Leveraging funds to pay for child care services
☐ Coordination with existing child care referral and education services
☐ Preventing families already in child care from losing care
☐ Increasing the quality of child care
☐ Improving coordination between workforce development systems and child care systems
☐ Improving collaboration among training providers, employers, and child care providers
☐ Streamlining referrals through data systems
☐ Leveraging place-based initiatives
☐ Other (Please specify)

☐ None of the above
☐ Don't know

M. Implementation Challenges, Facilitators, and Lessons Learned

This section asks about your overall impressions of what has been accomplished with the grant and any improvements you would suggest to DOL/ETA.

M1. Have the local economic conditions created challenges in achieving program goals?

○ Yes
○ No

M1a. Please explain how the local economic conditions created challenges.

[   ]

M2. How much of a challenge have the following areas been for program implementation?

		Not a challenge	A mild challenge	A major challenge	Don't know
a.	Producing interest in the program among the target population	○	○	○	○
b.	Recruiting eligible participants	○	○	○	○
c.	Meeting enrollment goals	○	○	○	○
d.	Achieving target graduation/ completion rates	○	○	○	○
e.	Enabling participants to earn credentials	○	○	○	○
f.	Matching graduates with available jobs	○	○	○	○
g.	Increasing earnings for graduates	○	○	○	○
h.	Job retention	○	○	○	○
i.	Creating opportunities for career ladders	○	○	○	○
j.	Meeting employer/industry needs	○	○	○	○
k.	Trainee satisfaction	○	○	○	○
l.	Forming partnerships	○	○	○	○
m.	Other (Please specify):	○	○	○	○

[   ]

M3. Have changes been made to the program to address these challenges?

○ Yes
○ No **(GO TO M5)**

M4. Please describe the changes made.

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M5. What are the program's three biggest accomplishments in implementing the grant?

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M6. What are the main lessons learned from implementing the grant?

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M7. If there is anything else about the grant that you would like to convey that was not covered in this survey, or if you would like to explain your responses further, please enter your comments below.

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On behalf of DOL, thank you very much for taking the time to complete this survey.

Click here to submit the survey.