

Cascades Job Corps College and Career

Academy Pilot Evaluation

18-MONTH FOLLOW-UP SURVEY

Reviewer Notes

Defining text substitutions

Throughout the instrument, there are places where the CAPI software will insert text to customize the question for the respondent. A couple of key text inserts are defined here:

[RAD]: This is the random assignment date for all participants. The random assignment date indicates the date that the person became a participant in the CCCA Evaluation.

[PROVIDER]: This is the fill variable used in all of the questions in Section B. It is derived from the name provided in a (B4a).

[PROGRAM NAME]: This is the fill variable used in all of the questions in Section B. It is derived from the name provided in a school/training spell (B4b).

[EMPLOYER NAME]: This is the fill variable used in questions in Section C. It is derived from the name provided in a employment spell (C2).

General notes:

CAPI notes, which begin with **CAPI:** are instructions for the programmers. They are noted in bold font and the skip logic for CAPI is noted with numeric values, for example: **CAPI: IF B2≠6 SKIP TO B7.**

Refused and Don't Know responses are valued at -2 and -1 if the field is numeric; otherwise the values are 97 and 98. For example, in a yes, no, refused, don't know response set, refused and don't know have values of 97 and 98. If the question asks for total hours worked, refused and don't know would be -2 and -1 respectively.

Note for OMB Review: Grey text boxes provide explanations on question order and section structure. Interviewers will not see these boxes. They will only be visible to instrument reviewers.

- The 18-month follow-up survey for the Ready to Work (RTW) Partnership Grants Evaluation, conducted by Abt Associates for the Department of Labor (DOL) (OMB No. 1291-0010).
- The 15-month combined follow-up survey for the Pathways for Advancing Careers and Education (PACE) Evaluation and the Health Profession Opportunity Grants (HPOG) Evaluation, conducted by Abt Associates for the Administration for Children and Families (ACF) at the Department of Health and Human Services (OMB No. 0970-0397).
- The 12-month follow up survey for the YouthBuild Impact Evaluation, conducted by Mathematica Policy Research for the Department of Labor (DOL) (OMB No. 1205-0503).
- The Baseline Information Form (BIF) for the Cascades Job Corps College and Career Academy (CCCA) Research Study, conducted by Abt Associates for the Department of Labor (DOL) (OMB No. 1290-0012).
- The 36-month follow-up survey for the Health Profession Opportunity Grants (HPOG)

Evaluation, conducted by Abt Associates for the Administration for Children and Families (ACF) at the Department of Health and Human Services (OMB No. 0970-0394).

- New questions are identified as such.

Introduction

Hello, my name is []. May I please speak with _____?

IF RESPONDENT COMES TO THE PHONE: *I'm calling on behalf of the Job Corps Cascades College and Career Academy Pilot Evaluation.*

IF PHONE OR IN-PERSON: *I work for Abt Associates, or Abt, an independent research company. Abt is helping the U.S. Department of Labor (DOL) with its evaluation of the Job Corps Cascades College and Career Academy program. We are conducting interviews with people like you who agreed to be in a study. Thank you for taking the time to talk with me today.*

This interview will include questions on your employment and education activities, your use of services, and your overall well-being, including questions about your participation in some risky or illegal behaviors. This interview will take about 30 minutes to complete. When we are done, we will send you a \$25 gift card as a token of appreciation. You agreed to be part of the study around [RAD] when you signed a consent form to let researchers collect information from you. We need to talk with people who got into the program and those who did not. Your participation in this study will help policymakers and program operators better understand how to help people attain educational credentials and find and keep jobs.

Before we begin the survey, I would like to assure you that all of your responses on this survey will be kept private; your name will not appear in any written reports we produce. As a reminder, we have a Certificate of Confidentiality to protect your data from subpoena. Your responses to these questions are completely voluntary. That means you may choose not to answer any question, or you may stop the interview if you wish, but we hope you don't. Your responses to these questions will in no way affect your participation in any programs or your receipt of any kinds of public benefits or services. The information you provide will be kept private and only used for this study. By participating in this study, you will help the government learn if and how programs like Job Corps Cascades College and Career Academy make a difference in people's lives and how to improve programs in the future.

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 1290-0012 and it expires xx/xx/xxxx. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to U.S. Department of Labor, Office of Policy Development and Research, Room N-5641, Washington, D.C. 20210. Attn: OMB-PRA 1290-0012.

Do you have any questions before we begin?

Let's begin now.

A. Screener/Verification

First I just need to verify that I am speaking with the correct person.

Read the following text and ask Q1 of everyone.

A1. What is your date of birth? _____ (MM/DD/YYYY)

INTERVIEWER: ENTER DATE USING FORMAT BELOW.

CATI/CAPI NOTE: DISPLAY DOB

Respondent's Birthday: _____ / _____ / _____
<SC1_MM>, <SC1_DD>, <SC1_YY> MM DD YYYY

<SC1_REF> REFUSED..... 7

<SC1_DK> DON'T KNOW..... 8

Ask Q2 only if the DOB in Q1 does not match what is in our records.

CAPI: IF DOB AGREES WITH THE BIRTH DATE ON THE FILE, SKIP TO B1. ELSE, CONTINUE.

A2. What are the last 4 digits of your Social Security Number?

INTERVIEWER – ENTER LAST 4 DIGITS OF SSN CAPI NOTE: DISPLAY LAST 4 DIGITS SSN

<SC2_4SSN> RECORD LAST 4 DIGITS: _ _ _ _

<SC2_REF> REFUSED..... 7

<SC2_DK> DON'T KNOW..... 8

CAPI: IF THE 4 DIGITS GIVEN BY RESPONDENT AGREE WITH THE NUMBER ON THE FILE, SKIP TO B1.

IF SSN IS MISSING IN THE SAMPLE OR IS A MISMATCH WITH WHAT IS ENTERED AND THERE IS A MISMATCH IN DOB, DISPLAY DISCONTINUED TEXT:

DISCONTINUED TEXT: *I'm sorry. I was unable to pull up the correct questionnaire. I will need to check with my supervisor to look into the problem. I will re-contact you when the problem is resolved. Thank you for your time.*

B. Training and Education

To start, I would like to discuss the types of classes, courses, or training you have participated in since [RAD], either through Job Corps or from schools and other training providers you found on your own.

Source: Unless otherwise noted, all questions in Section B (“Training and Education”) come from the RTW 18-month Follow-Up Survey, with some minor modifications.

B1a. To begin, since [RAD], have you attended any high school diploma classes, GED classes, or similar education classes for improving reading and math skills?

- Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈

B1b. What about courses for credit towards a certificate, credential, or degree, or vocational courses or training programs for a specific job, trade, or occupation? This can include enrollment in a community college, a 2-year college, or a 4-year college, either on campus or online. This can also include programs where you are trained for a specific occupation or job, usually leading to a certificate, license, or credential. Please do not include on-the-job training programs, or recreational courses.

Since [RAD] have you attended any “for credit” college courses or vocational courses or training programs for a specific job, trade, or occupation?

SELECT ALL THAT APPLY:

- Yes – “For credit” college courses ₁
Yes – Vocational courses or training programs ₂
No ₃
REFUSED ₉₇
DON'T KNOW ₉₈

CAPI: IF CONTROL: IF B1a = 2, DK, or REF AND B1b = 3, DK, or REF SKIP TO B15

B2a. **[Ask if RESPONDENT WAS ASSIGNED TO TREATMENT GROUP, AND B1a = 2, REF, OR DK AND B1b = 3, REF, OR DK]:**

Our records indicate that approximately 18 months ago, you may have enrolled in the Cascades College and Career Academy program offered by Job Corps. Do you remember participating in that program?

- Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈

CAPI: IF TREATMENT: IF B1a = 2, DK, or REF AND B1b = 3, DK, or REF AND B2a = 2, DK, or REF SKIP TO B15

B2b. **[Ask if B2a = 1]:** What types of classes did you take as part of the Cascades College and Career Academy at Job Corps? Were they...

SELECT ALL THAT APPLY:

- High school diploma classes, GED classes, or similar education classes for improving reading and math skills ₁
- Courses for credit towards a college degree, ₂
- A vocational or training program for a specific job, trade, or occupation ₃
- REFUSED ₉₇
- DON'T KNOW ₉₈

I am now going to ask you a few questions about the program/programs you attended. Please tell us only about the programs you attended, not each class. For example, if classes were held over multiple sessions or at different locations or schools as part of a program you attended, please count that as one program. Please include all programs that you started, even if you did not complete them. If you don't know the exact information, your best guess is fine.

NOTE: Questions B3a through B13b will be asked for each of the following types of programs attended, where providers differ:

1. High school diploma programs, GED programs, or similar education programs for improving reading and math skills, and
2. For-credit college programs and vocational training programs.

For the sake of brevity, in this document we do not repeat the questions for each type of program, but instances where questions vary by program type are noted. The set of questions will only be asked of those respondents who reported that they participated in at least one ABE/GED program, college courses for credit, or vocational training program.

CAPI: IF B1a =1 or B2b = 1 PULL IN “high school diploma program, GED program, or education program for improving reading and math skills” for [TYPE OF PROGRAM]; ASK B3a-B13b; CHECK FOR NEXT PROGRAM TYPE.

CAPI: IF B1b = 1 or 2 or B2b = 2 or 3 PULL IN “For-credit college or vocational training program” for [TYPE OF PROGRAM]; ASK B3a-B14; CHECK FOR NEXT PROGRAM TYPE.

B3a. For the [TYPE OF PROGRAM] that you attended, please tell me the place, school, or organization that offered this program? Please tell me the name of the place, school, or organization that offered or oversaw your entire program, even if you took classes at different locations, schools, or places as part of that program. If you attended more than one [TYPE OF PROGRAM], please tell me the name of all the places, schools, or organizations that oversaw your program.

IF PROVIDER UNKNOWN, PROBE: Where did you attend these courses/classes?

ONE: _____

TWO: _____

THREE: _____

FOUR: _____

FIVE: _____

REFUSED

₉₇

DON'T KNOW

₉₈

CAPI: IF B3a=DK, ask what they would like the program/provider to be referred to going forward. IF B3a=REF, run through the loop with no Provider filled in.

B3b. Please tell me the name(s) the program or programs you took at [FILL NAME OF PROVIDER IN B3a ONE/TWO/THREE/FOUR/FIVE]. Please note, I am asking about the name of the overall program you were enrolled in, not the name of the individual classes you may have taken as part of the program.

ONE: _____

TWO: _____

THREE: _____

FOUR: _____

FIVE: _____

REFUSED

₉₇

DON'T KNOW

₉₈

NOTE: PROGRAM NAME used to guide interview flow.

IF [PROVIDER ONE/TWO/THREE/FOUR/FIVE] repeats in B3a for HIGH SCHOOL DIPLOMA CLASSES, GED CLASSES, OR SIMILAR EDUCATION CLASSES and FOR-CREDIT COLLEGE PROGRAMS AND VOCATIONAL TRAINING PROGRAMS, ask B4:

CAPI: IF B3b=DK, ask what they would like the program/provider to be referred to going forward. IF B3b=REF, run through the loop with no Program Name filled in.

Source for B4: New Question.

B4. You mentioned that you attended high school diploma classes, GED classes, or similar education classes for improving reading and math skills at [PROVIDER], and that you also attended courses for credit, or vocational courses, or a training program at [PROVIDER]. Were the high school diploma, GED classes, or classes for improving reading and math skills included as part of the for-credit college or vocational training program offered by the same provider?

IF UNKNOWN, PROBE: Was this one experience/enrollment at this provider, or did you attend this provider at two different time periods?

- Yes – one experience/enrollment ₁ (ASK B4a, then ASK LOOP B5-B14 EACH PROGRAM)
 No – multiple enrollments ₂ (ASK LOOP B5-B14 FOR EACH PROGRAM)
 REFUSED ₉₇ (ASK LOOP B5-B14 FOR EACH PROGRAM)
 DON'T KNOW ₉₈ (ASK LOOP B5-B14 FOR EACH PROGRAM)

B4a. [Ask if B4 = 1] How would you like to refer to this one enrollment experience for the remainder of this survey? That is, what program name should we use? Please remember that when asked about this experience in future questions, the questions will be referring to the entire program experience (to the high school diploma classes, GED classes, or similar education classes for improving reading and math skills, as well as to the courses for credit, or vocational courses, or a training program).

REVISED PROGRAM NAME: _____

Which program names from B3b should we replace with this new name?

CAPI: Replace relevant HIGH SCHOOL DIPLOMA CLASSES, GED CLASSES, OR SIMILAR EDUCATION CLASSES program name and FOR-CREDIT COLLEGE PROGRAMS AND VOCATIONAL TRAINING PROGRAMS program name with REVISED PROGRAM NAME. ASK LOOP B5-B14 ONLY ONCE FOR THIS PROGRAM.

NOTE: Questions B5 through B13b will be asked for each high school diploma/GED provider/program combo listed in Question B3a/b. Questions B5-B14 will be asked for each for-credit college courses/classes or vocational training provider/program combo listed in Question B3a/b and/or B4a [if B4=1, ask the loop one time for the revised program name; ask the loop additional times for each additional provider/program combo listed in Question B3a/b].

LOOP STARTS HERE

B5. When did you start the [PROGRAM NAME] program offered by [PROVIDER]?

INTERVIEWER NOTE: IF EXACT DAY IN DATE IS UNKNOWN PROBE WITH BEGINNING, MIDDLE, OR END OF THE MONTH. IF RESPONSE IS BEGINNING OF THE MONTH ENTER '01', IF MIDDLE OF THE MONTH ENTER '15', IF END OF THE MONTH ENTER '28 /30'. OTHERWISE, ENTER '01' FOR DAY

|_|_| / |_|_| / |_|_|_|_|
 MONTH DAY YEAR

- REFUSED ₉₇
 DON'T KNOW ₉₈

B6. Did you complete the [PROGRAM NAME] program offered by [PROVIDER] by finishing all of the coursework or program /class requirements, or are you still taking the program, or did you stop the program before completing it?

Completed the program,

₁

Still in the program,

₂

Stopped the program early/dropped out,

₃ (SKIP TO B8)

REFUSED

₉₇

DON'T KNOW

₉₈

B7. When (IF B6= 1 did; IF B6 = 2 will) the [PROGRAM NAME] program at [PROVIDER NAME] end?

INTERVIEWER NOTE: IF EXACT DAY IN DATE IS UNKNOWN PROBE WITH BEGINNING, MIDDLE, OR END OF THE MONTH. IF RESPONSE IS BEGINNING OF THE MONTH ENTER '01', IF MIDDLE OF THE MONTH ENTER '15', IF END OF THE MONTH ENTER '28 /30'. OTHERWISE, ENTER '01' FOR DAY

____/____/____
MONTH DAY YEAR

(SKIP TO B9)

REFUSED

₉₇

DON'T KNOW

₉₈

B8. [Ask if B6 = 3]: When did you stop taking [PROGRAM NAME] program at [PROVIDER NAME]?

INTERVIEWER NOTE: IF EXACT DAY IN DATE IS UNKNOWN PROBE WITH BEGINNING, MIDDLE, OR END OF THE MONTH. IF RESPONSE IS BEGINNING OF THE MONTH ENTER '01', IF MIDDLE OF THE MONTH ENTER '15', IF END OF THE MONTH ENTER '28 /30'. OTHERWISE, ENTER '01' FOR DAY

____/____/____
MONTH DAY YEAR

REFUSED

₉₇

DON'T KNOW

₉₈

Source for B9: HPOG 36-month Follow-up Survey, with minor modifications

B9. Were there any periods of a month or more during the time you attended the [PROGRAM NAME] program at [PROVIDER NAME] when you were not attending classes? Please do **not** include time when you were on school planned breaks such as spring, summer, or holiday breaks.

Yes

₁ (ASK B9a)

No

₂ (SKIP TO B10)

REFUSED

₉₇ (SKIP TO B10)

DON'T KNOW

₉₈ (SKIP TO B10)

B9a. **[Ask if B9 = 1]** How many weeks did this last? If you took more than one break from the program, please add all the breaks together.

_____ WEEKS

REFUSED

₂

DON'T KNOW

₁

B10. How many hours per week (IF B6= 1 or 3 'did'; IF B6 = 2 'do'; IF B6 = DK/REF 'did/do') you attend classes or training experiences in the **[PROGRAM NAME]** in a typical week? Do not include time spent outside of class studying or doing homework. Only time spent attending class should be counted.

IF RESPONDENT SAYS THEY TOOK ONLINE CLASSES, PROBE: Only include the time you spent online actually taking classes. Do not include time spent studying or doing homework.

_____ (HOURS)

(SKIP TO B12)

REFUSED

₂

DON'T KNOW

₁

B11. **[Ask if B10 = DK, REF]** Would you say you (IF B6= 1 or 3 'attended'; IF B6 = 2 'attend'; IF B6 = DK/REF 'attended/attend') class for the **[PROGRAM NAME]** program/course/class...?

More than 1 but less than 5 hours per week,

₁

Between 5 and less than 12 hours per week,

₂

Between 12 and less than 15 hours per week,

₃

15 or more hours per week?

₄

REFUSED

₉₇

DON'T KNOW

₉₈

B12. In the next set of questions, we are interested in the types of services and assistance you may have received during [PROGRAM NAME] from [PROVIDER NAME]. Did you receive any of the following **support services**?

B12_1. [For each service, if Yes]: How many times did you receive [FILL IN TYPE OF SUPPORT SERVICE] during [PROGRAM NAME] from [PROVIDER NAME]?

B12_2. [If number times REF or DK] If you don't remember a specific number, please provide a range. Would you say that the number of times was between...

Did you receive any..	B12				B12_1			B12_2					
	Yes	No	REF	DK	How many times?	REF	DK	1-2 times?	3-4 times?	5-6 times?	7 or more times?	REF	DK
a. Academic advising , such as one-on-one meetings with counselors to discuss course selection and progress toward meeting academic goals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Financial aid advising , such as one-on-one meetings with your counselor to help you determine if you had the financial resources to attend training and support yourself or your family while in training.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. Tutoring .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. Career counseling , for example tests to see what jobs you were suited for, information about education or training programs, or information about what jobs are available in your local area.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. Job search assistance , for example help with your resume or interviewing skills, networking skills, assistance in searching for work, or referrals to jobs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	_____	97 <input type="checkbox"/>	98 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Source for B13: PACE and HPOG 15 month survey, with minor modifications.

B13a. **[Ask if B6 = 1 or 2 and B1b=1 or 2]:** (IF B6= 1 or 3 ‘Did you’; IF B6 = 2 ‘Will you’; IF B6 = DK/REF ‘did you/will you’) receive any college credits for completing the courses in [PROGRAM NAME]?

- Yes ₁
No ₂ (SKIP TO B15)
REFUSED ₉₇
DON’T KNOW ₉₈

B13b. How many credits did you earn?

PROBE: Only count credits that count toward a college degree such as an Associate or Bachelor’s degree. Your best guess is fine.

_____ (CREDITS) (range 1 – 100)

- REFUSED ₉₇
DON’T KNOW ₉₈

COMPLETE B5 – B13b FOR ALL HIGH SCHOOL DIPLOMA, GED , OR SIMILAR EDUCATION CLASSES PROVIDERS AND PROGRAMS LISTED IN B3a-b (NEXT IS PROVIDER 1 PROGRAM 2 - 5; PROVIDER 2 PROGRAMS 1 – 5); ETC. AFTER EXHAUSTED, MOVE ON TO FOR-CREDIT COLLEGE PROGRAMS AND VOCATIONAL TRAINING PROGRAMS AND COMPLETE B5-14 FOR EACH PROVIDER AND PROGRAM COMBINATION IN B3a-b. IF NO PROGRAMS LISTED UNDER ‘FOR-CREDIT COLLEGE COURSES/CLASSES OR VOCATIONAL TRAINING PROGRAMS’ GO TO B15.

FOR ‘FOR-CREDIT COLLEGE PROGRAMS and VOCATIONAL TRAINING PROGRAMS’ ONLY; IF B1b = 1 or 2 OR B2b = 2 or 3 ASK QUESTION B14.

Source for B14: New Question.

B14. What (IF B6= 1 or 3 ‘Was’; IF B6 = 2 ‘Is’; IF B6 = DK/REF ‘Was/Is’) your major field of study in the [PROGRAM NAME] program?

- Healthcare ₁
IT ₂
Construction/Manufacturing ₃
Finance & Business Services/Office Administration ₄
Culinary Arts ₅
Forestry ₆
Automotive Technology ₇
Truck Driving/CDL ₈
Landscaping/Forestry ₉

- Facilities Maintenance ₁₀
- Other (SPECIFY _____) ₉₅
- REFUSED ₉₇
- DON'T KNOW ₉₈

END OF LOOP.

I am now going to ask you to think back about all the education and training programs you've taken part in since [RAD].

- B15. Since [RAD], did you take and pass a test for the GED, a high school equivalency diploma, a High School Certificate of Completion, or receive a high school diploma?
- Yes ₁
 - No ₂
 - REFUSED ₉₇
 - DON'T KNOW ₉₈

Source for B16a-B17: New Questions.

- B16a. Since [RAD], have you been awarded any diploma(s), academic degree(s), or vocational credential(s) or certificate(s) (please do not include a GED, high school equivalency diploma, High School Certificate of Completion, or high school diploma) ?

PROBE: If response is “no,” probe if working toward completion.

- Yes ₁
- No –working toward completion of a diploma, degree, credential, or certificate ₂
- No ₃ (SKIP TO B17)
- REFUSED ₉₇ (SKIP TO B17)
- DON'T KNOW ₉₈ (SKIP TO B17)

- B16b. [Ask if B16a=1 or 2]: What is the name of the **diploma(s), certificate(s), academic degree(s), or credential(s)** you earned, and what subject or field was the award in?

PROBE If unsure: “your best recollection of the name is fine, or the just tell me the subject/field the award was in.”

- (1) NAME: _____ FIELD/SUBJECT: _____
- (2) NAME: _____ FIELD/SUBJECT: _____
- (3) NAME: _____ FIELD/SUBJECT: _____
- (4) NAME: _____ FIELD/SUBJECT: _____
- (5) NAME: _____ FIELD/SUBJECT: _____

REFUSED
DON'T KNOW

₉₇
₉₈

INTERVIEWER TO RECORD OPEN-ENDED RESPONSE AND CODE INTO THE FOLLOWING CATEGORIES. INTERVIEWER CONFIRM RESPONDENT AGREEMENT WITH CATEGORIZATION:

[Ask for credential 1 thru 5]: Would you say this is in the [FIELD] field?

Healthcare	<input type="checkbox"/> ₁
IT	<input type="checkbox"/> ₂
Construction/Manufacturing	<input type="checkbox"/> ₃
Finance & Business Services/Office Administration	<input type="checkbox"/> ₄
Culinary Arts	<input type="checkbox"/> ₅
Forestry	<input type="checkbox"/> ₆
Automotive Technology	<input type="checkbox"/> ₇
Truck Driving/CDL	<input type="checkbox"/> ₈
Landscaping/Forestry	<input type="checkbox"/> ₉
Facilities Maintenance	<input type="checkbox"/> ₁₀
Other (SPECIFY _____)	<input type="checkbox"/> ₉₅
REFUSED	<input type="checkbox"/> ₉₇
DON'T KNOW	<input type="checkbox"/> ₉₈

B17. Since [RAD], what is the highest **industry-recognized certification** awarded by the state, or by an industry or professional association that you have received?

PROBE: These tend to be professional certifications or a license showing that you are qualified to perform a specific job, like Certified Medical Assistant, Licensed Realtor, or an IT certification.

(1) NAME: _____ (2) FIELD/SUBJECT: _____

(1) NAME: **INTERVIEWER TO RECORD OPEN-ENDED RESPONSE AND CODE INTO THE FOLLOWING CATEGORIES. INTERVIEWER CONFIRM RESPONDENT AGREEMENT WITH CATEGORIZATION:** Would you say this is a [NAME] certification?

Certified Medical Assistant	<input type="checkbox"/> ₁
Certified Nursing Assistant	<input type="checkbox"/> ₂
Pharmacy Technician	<input type="checkbox"/> ₃
Microsoft Office Specialist	<input type="checkbox"/> ₄
ATA Game and Web Development Certificate	<input type="checkbox"/> ₅
CompTIA (Computing Technology Industry Association)	<input type="checkbox"/> ₆
Microsoft Technical Assistant	<input type="checkbox"/> ₇
A+ Certification	<input type="checkbox"/> ₈
ATA Network+ Certificate	<input type="checkbox"/> ₉
Certified Professional Coder	<input type="checkbox"/> ₁₀
Other (SPECIFY _____)	<input type="checkbox"/> ₉₅

(2) FIELD: **INTERVIEWER TO RECORD OPEN-ENDED RESPONSE AND CODE INTO THE FOLLOWING CATEGORIES. INTERVIEWER CONFIRM RESPONDENT AGREEMENT WITH CATEGORIZATION:** Would you say this is in the [FIELD] field?

- Healthcare 1
- IT 2
- Construction/Manufacturing 3
- Finance & Business Services/Office Administration 4
- Culinary Arts 5
- Forestry 6
- Automotive Technology 7
- Truck Driving/CDL 8
- Landscaping/Forestry 9
- Facilities Maintenance 10
- Other (SPECIFY _____) 95
- NO INDUSTRY-RECOGNIZED CERTIFICATION 96
- REFUSED 97
- DON'T KNOW 98

Source for B18: Newly developed question. Categories taken from:

<https://www.performwell.org/index.php/find-surveyassessments/outcomes/social-development/social-competencesocial-skills/the-belonging-scale>

Belonging

B18. Think about the education and training programs you have attended since [RAD]. For each of the following statements, please tell me whether you feel/felt this way: never, rarely, sometimes, most of the time, or always...

While in the education or training program...	NEVER	RARELY	SOMETIMES	MOST OF THE TIME	ALWAYS	REFUSED	DON'T KNOW
a. I feel/felt like I belong(ed).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Staff really listen(ed) to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. I feel/felt like my ideas count(ed).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. I feel/felt like I matter(ed).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Source: Questions B19-B20 are modified from University of North Dakota's Student Evaluation of Learning and Feedback for Instructors (SEFI). We chose it as a model because there is very detailed public documentation of the research process that led them to adopt the SEFI. See: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjRgMTK0ITVAhWFPD4KHWdgDx8QFggoMAA&url=https%3A%2F%2Fund.edu%2FUniversity-senate%2Fsetic-2.0-final-report.pdf&usg=AFQjCNF_ZrpxH7HYpeBJ7Fg4pUB5IDG--A

Individual Rapport

B19. Think about the education or training programs you have attended since [RAD]. For each of the following statements please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree, with the statement.

I attended a program where the...	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	REFUSED	DON'T KNOW
a. staff and instructors treated students with respect. Do you...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. staff and instructors were easily accessible to students outside of class. Do you...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. staff or instructors helped with my individual learning needs when I asked for help. Do you...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Learning

B20. Think about the education or training programs you have attended since [RAD]. For each of the following statements please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree, with the statement.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	REFUSED	DON'T KNOW
a. I have gained knowledge/skills that reflect the goals of the program. Do you...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. My interest in	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

the subject has increased as a result of these experiences. Do you...							
c. I have found the courses intellectually challenging. Do you...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Source for B21-B22: PACE and HPOG 15 month survey, with modifications.

General Skills

B21. Now I'm going to read a list of "general skills" topics that are sometimes covered in education, training, or other types of programs. Since [RAD], did you receive any information on the following topics, from any organization, including but not limited to the education or training providers we already talked about.

	Yes	No	REF	DK
Did you receive information on:				
a. Study skills, such as locating information, taking notes, and preparing for classes and exams.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Finding help with problems you had at school, work, or home.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. Managing time effectively.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. Working in groups.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. Communicating well (for example, good listening and speaking skills).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. Managing stress, anger, and frustration.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
g. Acting professionally (for example, how to dress, show good attendance habits, be respectful).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
h. Managing money and personal finances.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
i. Handling parenting and other family responsibilities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

B22. Since [RAD], have you participated in any of the following opportunities for **direct experiences with occupations** related to your career goals ([IF B1a=1 or B1b=1, 2 or B2=1] or studies)? If you

participated in one of the following activities, but it was not related to an occupation you have or are preparing for, then please answer “no.”

Did you participate in....	Yes	No	REF	DK
a. An internship, practicum, externship, clinical experience, job shadowing, or similar program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Work-study job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. Class(es) taught by instructors from a local employer or class(es) offered on-site at a local employer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. An apprenticeship	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. Other work-related training experience (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

C. Employment

This next set of questions are about your employment experiences.

Source: Unless otherwise noted, all questions in Section C (“Employment”) come from the RTW follow-up survey, with modifications.

C1. Since [RAD], have you worked a job for pay or been in the military?

Please include any full- or part-time jobs, self-employment, temporary positions, odd jobs, side jobs such as babysitting, gardening, or housekeeping, under-the-table jobs, business ventures, or other types of paid jobs that you have had.

PROBE: Please remember to include any type of job that you have for pay.

Yes – Worked for pay

 1

Yes – Been in the military

 2

No

 3 (SKIP TO D1)

REFUSED

 97

DON'T KNOW

 98

CAPI: ALLOW FOR RESPONDETS TO SELECT BOTH 1 AND 2.

Source for Questions C2-C3: New Question

C2. What are the names of the employers you have had since [RAD], starting with your most recent? If you worked two or more jobs at the same time, please tell them to me one at a time, starting with the one you consider your main job.

IF EMPLOYER REFUSED OR DON'T KNOW, PROBE: What would you like me to call this employer when I refer back to it later?

ONE: _____

TWO: _____

THREE: _____

FOUR: _____

FIVE: _____

REFUSED

 97

DON'T KNOW

 98

NOTE: [EMPLOYER NAME] used to guide interview flow.

CHECK: IF C1 = 2, MAKE SURE THE MILITARY OR A MILITARY BRANCH IS LISTED AS AN EMPLOYER IN C2.

C3. What kind of work do/did you do in your current or most recent job – that is, for [EMPLOYER ONE]; that is, what [is/was] your occupation? (For example: registered nurse, IT technician, personnel manager, supervisor or order department, secretary, accountant.) If you [have/had] more than one job at the same time, please answer for your main job.

- Healthcare job _1
- IT job _2
- Construction/Manufacturing job _3
- Finance & Business Services/Office Administration job _4
- Culinary Arts job _5
- Forestry job _6
- Automotive Technology job _7
- Truck Driving/CDL job _8
- Other job (SPECIFY _____) _95
- REFUSED _97
- DON'T KNOW _98

NOTE: Questions C4 through C7 will be asked for each employer listed in Question C2.

Now, I'm going to ask for a few details on each of the jobs you mentioned.

C4. What month, day, and year did you start working at [EMPLOYER NAME]?

PROBE: If you cannot remember the exact day, can you remember if it was in the beginning, middle, or end of the month?

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

INTERVIEWER NOTE: IF EXACT DAY IN DATE IS UNKNOWN PROBE WITH BEGINNING, MIDDLE, OR END OF THE MONTH. IF RESPONSE IS BEGINNING OF THE MONTH ENTER '01', IF MIDDLE OF THE MONTH ENTER '15', IF END OF THE MONTH ENTER '28/30/31'. OTHERWISE, ENTER '01' FOR DAY

- REFUSED _97
- DON'T KNOW _98

C5. What month, day, and year did you stop working at [EMPLOYER NAME]?

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

INTERVIEWER NOTE: IF EXACT DAY IN DATE IS UNKNOWN PROBE WITH BEGINNING, MIDDLE, OR END OF THE MONTH. IF RESPONSE IS BEGINNING OF THE MONTH

ENTER '01', IF MIDDLE OF THE MONTH ENTERS'15', IF END OF THE MONTH ENTER '28/30/31'. OTHERWISE, ENTER '01' FOR DAY

Still employed ₁
REFUSED ₉₇
DON'T KNOW ₉₈

C6. How many hours (IF C5 =1 'do' ELSE, 'did') you usually work in a typical week at [**EMPLOYER NAME**]? Please include any regular overtime hours.

|_|_| HOURS PER WEEK

(SKIP TO Section D)

REFUSED _{.1}
DON'T KNOW _{.2}

C7. Would you say you (IF C5 =1 'work' ELSE, 'worked')...?

Up to 9 hours per week, ₁
10 to 19 hours per week, ₂
20 to 29 hours per week, ₃
30 to 39 hours per week, ₄
40 or more hours per week, ₅
REFUSED ₉₇
DON'T KNOW ₉₈

END OF LOOP. GO TO NEXT EMPLOYER LISTED AT C2 AND ASK C4 – C7 UNTIL LIST IS EXHAUSTED.

D. Social Skills and Other Life Circumstances

Career Progress

Source for D1: HPOG 36-month Follow-up Survey, with minor modifications.

D1. Please tell me whether you would say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement:

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	REFUSED	DON'T KNOW
a. I see myself on a career path. Would you say you:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Self-Efficacy

Source for D2: Baseline Information Form for JC Cascades

D2. In general, some people have an easier or harder time with problems or difficulties. How true do you think are the following statements?

	Not at all true	Somewhat true	Mostly true	Entirely true	Refused	Don't Know
a. I can always manage to solve difficult problems if I try hard enough.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. It is easy for me to stick to my aims and accomplish my goals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. I am confident that I can deal well with unexpected events.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
d. Thanks to my wits, I know how to handle unexpected situations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
e. I can solve most problems if I invest the necessary effort.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
f. I can remain calm when facing problems because I can rely on my ability to cope.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
g. When I am faced with a problem, I can usually find several solutions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
h. If I am in trouble, I can usually think of a solution.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
i. I can usually handle whatever comes my way.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Source for D3-D4: YouthBuild 12-month Follow-up Survey, with modifications.

Risky Behaviors

These next questions are about experiences you may have had with the police or courts. All of your answers will be kept private to the fullest extent of the law.

- D3. Since [RAD], have you been arrested or taken into custody for a crime or illegal offense? Please include probation or parole violations, but do not include minor motor vehicle violations.
- Yes ₁
No ₂
REFUSED ₉₇
DON'T KNOW ₉₈

- D4. In the last week, have you engaged in any of the following activities? [IF NEEDED: All of your answers will be kept private to the fullest extent of the law.]

	YES	NO	REFUSED	DON'T KNOW
a. Use of marijuana or any illegal drug, taken a prescription drug in a way that was not prescribed, or inhaled something to get high	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
b. Consumed one or more drinks of an alcoholic beverage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
c. A property offense, such as shoplifting, burglary, larceny, theft, auto theft, bad checks, fraud, forgery, arson, vandalism, or possession of stolen goods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

Public Benefit Receipt

I would now like to ask some questions about your participation in government-funded programs.

Source for D5-D7: Baseline Information Form for JC Cascades, with minor modifications

- D5. Have you (or your family if you live with them) received food stamps (also called Supplemental Nutrition and Assistance Program, or SNAP) in the last 3 months?
- Yes ₁
No ₂
REFUSED ₉₇

DON'T KNOW

₉₈

D6. Have you or your family (if you live with them) received welfare or cash assistance (also called Temporary Assistance for Needy Families, or TANF) in the last 3 months?

Yes

₁

No

₂

REFUSED

₉₇

DON'T KNOW

₉₈

D7. Have you or your family (if you live with them) received Medicaid in the last 3 months?

Yes

₁

No

₂

REFUSED

₉₇

DON'T KNOW

₉₈

E. Gift Card Information

As a thank you for your time, you will receive a \$25 gift card in the mail. I would like to make sure I have your contact information recorded correctly so we can send that to you.

Source for Section E: New Questions.

E1. I have your name recorded as [FIRST LAST]. Is this still correct or have you changed your name?

YES, STILL CORRECT

₁ (SKIP TO E2)

NO, NAME CHANGED

₂

E1a. What is your first name now? _____

E1b. What is your last name now? _____

E2. I have your address recorded as [STREET, APT, CITY, STATE, ZIP]. Is this still correct or have you moved?

YES, STILL CORRECT

₁ (END)

NO, ADDRESS CHANGED

₂

E2a. What your street address or PO box number? _____

E2b. Is there a complex or building name? _____

E2c. Is there an apartment number? _____

E2d. In what city? _____

E2e. In what state? _____

E2f. What is the zip code? _____

Thank you very much for your time today.

If you have any questions about the study, you can e-mail or call the people who are doing the research at CascadesEval@abtassoc.com or (866)-587-4111. This is a free call.