**Form Approved**

**OMB Control No. 1290-XXXX**

**Expiration Date X/XX/2020**

**PARENT OR LEGAL GUARDIAN CONSENT FORM**

**FOR YOUTH PARTICIPATION IN THE**

**CASCADES JOB CORPS COLLEGE AND CAREER ACADEMY RESEARCH STUDY**

Your child is invited to take part in a study about the Cascades Job Corps College and Career Academy. The study is being run by a company called Abt Associates and its partners, MDRC and Abt SRBI. The study is paid for by the U.S. Department of Labor. The study is about how well the Cascades Academy helps people complete their education and find jobs. This form gives information about the study and your child’s role in the study. At the end of the form, you can tell us whether or not you will give us your permission to allow your child to be in the study.

As part of the study, everyone applying to the Cascades Academy will be assigned to one of two groups. (1) A group that is allowed to join the Cascades Academy, or (2) a group that cannot join the Cascades Academy. If your child is assigned to the group that cannot join the Cascades Academy your child may still enroll in another Job Corps center. We will use a computerized lottery to assign people to the two groups in a fair way. Because space in Cascades Academy is limited, assigning people to the groups using a lottery makes sure everyone is treated fairly. The decision about who is assigned to which group is random. It has nothing to do with anything about your child like his/her age or race.

Your child’s participation in the study is completely up to you and your child. If you decide not to allow your child to be a part of the study, your child may still apply to another Job Corps center. However, your child will not be able to join in the Cascades Academy. Your child may quit the study at any time without penalty. If your child is in the group that can join the Cascades Academy and he/she quits the study, he/she may still participate in the Cascades Academy. If your child is in the group that cannot join the Cascades Academy and he/she quits the study, he/she will still not be able to join the Cascades Academy for five years.

**What does it mean to be in the study?**

To have a chance to join the Cascades Academy, we will ask your child to do several things. Your child will first have to provide some information about him- or herself. Your child will also have to be part of the lottery that determines who will join the Cascades Academy and who will not. Everyone who enters the lottery will be in the study. If you choose not to allow your child to be in the study, your child cannot join the Cascades Academy. Your child can still enroll in other Job Corps centers or services available elsewhere.

If you agree to allow your child to be in the study, the researchers will collect information about him/her. This information will help them to understand how well the program is working. This information will be collected whether or not your child is placed in the group that can join the Cascades Academy.

1. Your child will be asked to complete a survey before he/she is entered into the lottery. Your child will be asked to provide his/her contact information, including his/her name, date of birth, and Social Security Number. Your child will be asked to provide his/her social media contact information. Your child will also be asked about his/her family, his/her education and work history. Your child will also be asked about his/her criminal history. Your child will be asked other personal questions including thoughts about his/her views and goals. The answers your child provides on this survey will not affect which group the computer selects him/her into.
2. The researchers will contact your child over the next two to five years to complete a few contact updates (for example, in case he/she has a new phone number) and one or more follow-up surveys. Your child can select to be contacted by mail, text, phone, or email. Your child may be asked to complete a contact update every 3 months. Your child may complete the contact update by phone, mail, or over the internet. About a year and a half after the lottery, your child may be asked to complete a survey by phone or in person. This survey will last about 30-45 minutes. Your child may be asked to complete another survey even later (up to five years from now). These surveys will be on the education and training and credentials your child may have received, your child’s employment, your child’s opinions about him- or herself, and other topics. Your child may receive a small cash payment for their time spent completing the contact updates and each survey. Your child can refuse to participate in the contact updates and/or surveys. Your child can also refuse to answer any question he/she does not want to answer.
3. The researchers will collect information from government sources about your child. To do this, researchers will use your child’s name, date of birth, and/or Social Security Number. Information collected will include your child’s education, employment and earnings history. This information will come from sources such as the National Student Clearinghouse and the National Directory of New Hires.
4. The researchers will view the information Job Corps collects about your child. This will include what your child provides in his/her Job Corps application, your child’s test scores, the results of his/her drug test, and other information. If your child is assigned to the group that can join the Cascades Academy, this will also include information about his/her time in the Cascades Academy. Information such as your child’s time in the program, the courses he/she took, his/her grades and certificates your child received will be collected. To collect this information, researchers will use your child’s name, date of birth, and/or Social Security Number.
5. If your child is in the group that can join the Cascades Academy, the researchers may ask him/her to participate in an in-person group interview. It will last about one hour. Your child will be asked questions about why he/she applied to Cascades Academy, his/her experiences while there, and other topics. Your child may refuse to participate in a group interview.

**Risks and Benefits of Participation**

The information learned from the study will help improve programs for young adults like your child. The researchers will keep your child’s personal information private, as much as the law allows. Only select people from the research team will be able to see individual responses that can be linked to your child. There is a small risk of a loss of privacy. However, the researchers have many safety measures to prevent this from happening. Any piece of paper that includes your child’s name will be kept in a locked storage area and will be destroyed after the study ends. Any computer files with your child’s name will be protected by a password and will be stored on a secure network. Your child’s name will never be used in any public document or data file created as part of the study. About 2,200 people will be in this study. When the researchers write a report, the information your child gives will be combined with information from all the other people in the study. Data files will be shared with the Department of Labor and other researchers at the end of the study. Data files will only be shared after study team members have removed information that directly identifies your child. The Department of Labor may publish this de-identified file online. There is a very small risk that someone could guess your child’s identity based on other information collected during the survey. Before giving any data files to the Department of Labor, the researchers will take steps to minimize the risk that someone could guess your child’s identity.

To help protect your child’s privacy, the researchers have received a Certificate of Confidentiality. The certificate is issued by the National Institutes of Health. It adds special protection to your child’s information. It is important to understand what the Certificate can and cannot do. Because the researchers have this Certificate, they can:

1. legally refuse to give information that may identify your child in any federal, state, or local proceedings. This includes if there is a court subpoena.
2. resist any demands for information that would identify your child.

In other words, because of the Certificate, the researchers do not have to tell anyone who your child is or that your child is in the study.

However, even with the Certificate, the researchers may:

1. tell state or local authorities if they find out that your child or someone else could ***be hurt or in danger.***
2. not resist a request from the study’s funder (the Department of Labor) to view the study data to audit the project or evaluate the program.

Also, you should know that, at any time, you, your child, or your family, may tell someone about your child’s involvement in this research. The Certificate does not prevent this. Also, if you or your child give someone your written consent to receive research information, such as an employer, then the researchers will not use the Certificate to withhold that information.

**Questions**

If you have questions about this study, call the researchers at (301) 634-1782 (not a toll-free call). For questions about your rights in the study, call Katie Speanburg at Abt Associates. You can call her at 877-520-6835 (a toll-free call).

**Consent to Participate**

This agreement is effective from the date you sign it until the end of research on the Cascades Academy. If your child chooses to quit the study this agreement will end at that time. Your child may choose to quit the study at any time. If your child does quit the study, researchers will continue to use information collected during the time before your child quit. To quit the study, please call the Abt study hotline toll-free at XXX-XXX-XXXX.

**Statement**

**“I have read this form and agree to allow my child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CHILD’S NAME

**to participate in the Cascades Job Corps College and Career Academy research study. I agree to allow the researchers to use my child’s information as described above.”**

Print Parent/Legal Guardian’s Name Above Date

Signature of Parent/Legal Guardian CHILD’S JOB CORPS ID—For Study Use Only

Abt Associates IRB Approval No.XXXX

Public Burden Statement. Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the [Contact Name; Contact Address] (Paperwork Reduction Project Control No. 1290-xxxx).