**America's Promise Job Driven Grant Program Evaluation**

**FOCUS GROUP PARTICIPANT INFORMATION FORM**

A. EDUCATION AND EMPLOYMENT HISTORY

A1. What is the highest level of education you have completed?

Mark one only

1 □ Did not complete high school

2 □High school diploma or equivalent

3 □ Some college

4 □ Associate’s degree or vocational degree

5 □ Bachelor’s degree

6 □ Master’s degree or higher

Field of study:

A2. Do you have any specialized education or work credentials or certificates? Do not include a high school diploma, GED, or college degree.

1 □ Yes *(specify)*

0 □No

A3. How many years of work experience do you have?

| | | years

A4. Are you currently working?

1 □ Yes

0 □ No GO TO A8, NEXT COLUMN

A5. What best describes your work status?

Mark one only

1 □Working 30 hours per week or more

2 □ Working 1 to 29 hours per week

A5a. Even if you do not use them, are any of the following benefits available to you through your current job?

Mark All That Apply

1 □Health insurance benefits

2 □Paid sick days

3 □A retirement savings or pension plan

A6. If you are currently working, what does your company do?

Industry:

Your length of time in industry:

Your length of time with current employer:

A7. If you are currently working, what is your specific job?

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Job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time in current job:

GO TO B1, NEXT PAGE

A8. If you are not currently working, what did your last company do?

Industry:

Your length of time in industry:

Your length of time with former employer:

A9. If you are not currently working, what was your last specific job?

Job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time in job:

A10. What was the reason this job ended

Reason:

GO TO B1, NEXT PAGE

B. [PROGRAM NAME] PARTICIPATION

These questions are about your experience with [PROGRAM NAME].

B1. Which of the following training, education and workforce services are you receiving/have you received through [PROGRAM NAME]?

Mark All That Apply

1 □Case management and career counseling (i.e., staff person who provides 1:1 assistance)

2 □Classroom training

3 □On-the-job training, work internships, apprenticeships

4 □Education

5 □Career inventories or assessments to help you learn about a suitable career for your background and interests

6 □Information about the job market, such as what types of jobs are available and what they require, or what careers you could go into and what they pay

7 □Job readiness or soft skills training

8 □Remediation or GED preparation

9 □Vocational training

10 □Job search and placement assistance, such as resume assistance or interview coaching

11 □Job retention services

12 □ Other (specify)

B2. Which of the following support services are you receiving/have you received through [PROGRAM NAME]?

Mark All That Apply

1 □Assistance with child care

2 □Access to public benefits

3 □Transportation assistance

4 □Specialized services to accommodate disabilities

5 □Other *(specify)*

B3. On average, how long have you received the services selected in B1 and B2?

| | | years | | | months | | | days

B4. What is the industry focus or pathway associated with your current training?

Industry/Pathway:

B5. Are you currently working towards a credential?

1 □Yes *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0 □ No

B6. Are you receiving services and support for training/education from sources other than [PROGRAM NAME]?

If yes, indicate those other sources.

Mark one only

1 □Yes (indicate sources below)

Sources:

0 □No

C. PARTICIPANT’S DEMOGRAPHICS

C1. What is your gender?

Mark one only

1 □Female

2 □ Male

3 □ Other

C2. What is your age?

| | | years

C3. Are you Hispanic or Latino?

1 □Yes

0 □ No

C4. What is your race?

Mark All That Apply

1 □American Indian or Alaska Native

2 □ Asian

3 □ Black, African American

4 □ Native Hawaiian or other Pacific Islander

5 □ White

6 □ Other *(specify)*

C5. Do you have a mental or physical disability that limits your ability to work?

1 □Yes

0 □ No

C6. Are you currently receiving or have you recently received unemployment insurance (UI) benefits?

Mark one only

1 □ Yes

0 □ No END

C7. How long have you been receiving UI benefits?

| | | years | | | months | | | weeks

C8. On what date did you last receive UI benefits?

| | | / | | | / | | | | |

month day year