

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?

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

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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