

OMB Control Number:1290-0NEW
OMB Expiration Date:

Evaluation of Registered Apprenticeship Initiatives
Apprenticeship Building America (ABA) Grants

Apprenticeship Survey for Participants

- **Who is administering this survey?** The Urban Institute, a nonprofit, nonpartisan research organization in Washington, DC, is under contract with the U.S. Department of Labor (DOL), to conduct an implementation evaluation of the Apprenticeship Building America (ABA) grant programs.
- **What is the purpose of the survey?** This survey will collect information from participants who started a pre-apprenticeship program under an ABA grant program. It includes individuals who are currently in an apprenticeship, individuals who completed an apprenticeship, and individuals who started but left an apprenticeship program before completing. The survey results will provide the breadth of knowledge needed to systematically understand how participants learn about and experience their apprenticeship programs, as well as participant outcomes.
- **How long will it take to complete?** This survey will take approximately 1 hour. You may stop and return to the survey to continue and complete it.
- **Is participation mandatory?** Your participation is voluntary; however, please consider assisting us in learning about your experience to improve apprenticeships in general. Upon completing the survey, you will receive a \$25 gift card by e-mail in appreciation of your participation.
- **Who will see my responses?** The Urban Institute treats the information you provide as private and we will not share your individual responses with your pre-apprenticeship program, the grantee funding the program, or with DOL. All evaluation reports based on this survey will report your answers combined with the hundreds of other survey responses. You will not be identified in any publication.
- **Are there risks to participating?** We believe the risks of participating in this study are minimal. Although there are no direct benefits to you, we believe that the findings from this study will benefit similar efforts to expand and modernize apprenticeships.
- **Who can I contact with questions?** If you have any questions, please contact: [XXXX at XXXXX@urban.org](mailto:XXXX@urban.org)

Thank you again for participating in this survey. We greatly appreciate your time and assistance.

OMB Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1290-0NEW. The time required to complete this collection of information is estimated to average 1 hour. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chiefevaluationoffice@DOL.gov and reference the OMB Control Number 1290-0NEW.

Survey Instructions: This web-based survey can be saved and completed in several sittings by simply clicking the "Next" button at the bottom of the page to save your work. If you stop and return to the survey, you will be automatically directed to the last question you completed.

Survey Contents: The survey is divided into the following sections:

- A. Apprenticeship Status
 - 1. Background Prior to Apprenticeship
 - 2. Apprenticeship Experiences
 - 3. Skills and Knowledge Gained
 - 4. Outcomes
- D. Demographics

Section A. Apprenticeship Status

A1. What is the most accurate description of your current status with your apprenticeship program:

- Currently registered as an apprentice ☐_1
Completed the apprenticeship program ☐_2
Employer or sponsor ended or temporarily suspended my apprenticeship
[GO TO A1.c] ☐_3
I left the apprenticeship before completing ☐_4
I never enrolled in an apprenticeship [GO TO A1.a] ☐_5
DON'T KNOW [GO TO A1.a] ☐_88
REFUSED [GO TO A1.a] ☐_99

A1.a Did you ever receive classroom training (either in-person or online), on the job training, or other services while employed at [EMPLOYER NAME] [or "your current job, or, if you are not currently employed, your most recent job"]?

- YES [GO TO A1.b] ☐_1
NO [GO TO DISCONTINUE] ☐_2
DON'T KNOW [GO TO DISCONTINUE] ☐_88
REFUSED [GO TO DISCONTINUE] ☐_99

A1.b For the purpose of this survey, we will consider these services as your apprenticeship program. What is the most accurate description of your current status with your apprenticeship program?

- Currently registered as an apprentice [GO TO A2] ☐_1
Completed the apprenticeship program [GO TO A2] ☐_2
Employer or sponsor ended or temporarily suspended my apprenticeship
[GO TO A1.c.] ☐_3
I left the apprenticeship before completing [GO TO A2] ☐_4
DON'T KNOW [GO TO DISCONTINUE] ☐_88
REFUSED [GO TO DISCONTINUE] ☐_99

DISCONTINUE. It looks like our information is not correct and you may not have enrolled in an apprenticeship program. Since, this is a survey for people who have enrolled in an apprenticeship program, you will not be able to complete the survey. Thank you for your time.

A1.c. When was your apprenticeship ended or suspended?

[Insert drop down menu of month and Year with range 2022 to survey year],

- DON'T KNOW ☐_88
REFUSED ☐_99

[PROGRAMMING NOTE: FOR THE REMAINING ITEMS IN THIS SECTION, USE PRESENT TENSE A1 OR A1.b = 1, OTHERWISE USE PAST TENSE.]

- A2. What [is/was] the name of the employer of your apprenticeship program? If you completed more than one, please tell us about your most recent apprenticeship.

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

- A3. In what industry is your employer?

Agriculture, Forestry, Fishing and Hunting

Mining, Quarrying, and Oil and Gas Extraction

Utilities

Construction

Manufacturing

Wholesale Trade

Retail Trade

Transportation and Warehousing

Information

Finance and Insurance

Real Estate and Rental and Leasing

Professional, Scientific, and Technical Services

Management of Companies and Enterprises

Administrative and Support and Waste Management and Remediation Services

Educational Services

Health Care and Social Assistance

Arts, Entertainment, and Recreation

Accommodation and Food Services

Other Services

Public Administration

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

- A5. How long does it typically take to complete your apprenticeship program?

[RECORD IN YEARS AND/OR MONTHS] [RANGE: YEARS = 0 – 5, MONTHS = 0 – 12]

____ Years ____ Months

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

- A6. How long [have you been/were you] in the apprenticeship program?

[RECORD IN YEARS AND/OR MONTHS] [RANGE: YEARS = 0 – 5, MONTHS = 0 – 12]

____ Years ____ Months

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

A7. How long [do/did] you expect it to take to complete your apprenticeship program?

[RECORD IN YEARS AND/OR MONTHS] [RANGE: YEARS = 0 – 5, MONTHS = 0 – 12]

____ Years ____ Months

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

Section 1. Background Prior to Apprenticeship

Topic 1.a. Recruitment into Apprenticeship

The next set of questions are about how you learned about apprenticeships and your motivation for choosing an apprenticeship program.

1.a.1 How much did you know about apprenticeship before you heard about the apprenticeship opportunity with [NAME OF EMPLOYER FROM 0.A.4, IF DK OR REF INSERT: your employer]?

Quite a bit

☐₁

Some

☐₂

Very little

☐₃

None

☐₄ (SKIP TO 1.a.3)

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

1.a.2 How did you learn about this apprenticeship opportunity with [NAME OF EMPLOYER FROM 0.A.4, IF DK OR REF INSERT: your employer]?

[PROGRAMMER SELECT ALL THAT APPLY]

Recruiter

☐₁

Job posting, online (e.g., LinkedIn, monster, CareerBuilder)

☐₂

Job posting, printed

☐₃

Friend or acquaintance

☐₄

Through my school / college

☐₅

Through my military base / military job

☐₆

Through my employer at the time

☐₇

Employment service office / American job center

☐₈

A pre-apprenticeship, apprenticeship readiness, or other apprenticeship preparatory training program

☐₉

Other, specify: _____

☐₁₀

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

1.a.3 What steps were involved in the hiring process for the apprenticeship position? (Select all that apply)

- Complete an application ☐_1
- Attend an orientation ☐_2
- Complete a skills assessment test (e.g. a math test) ☐_3
- Complete a work assessment test (e.g. a questionnaire about work scenarios) ☐_4
- Provide my resume ☐_5
- Participate in an interview ☐_6
- Provide references ☐_7
- Complete a pre-apprenticeship program ☐_8
- I prefer not to answer ☐_99

1.a.4 What, if any, were the requirements for this apprenticeship position? (check all that apply)
None

- Completion of a pre-apprenticeship ☐_1
- Prior workforce experience ☐_2
- Prior workforce experience related to the field ☐_3
- High school diploma ☐_4
- Alternative high school credential (for example, GED or HSE) ☐_5
- Some college credit, no degree ☐_6
- College certificate ☐_7
- Trade school certificate (for example, automotive mechanic) ☐_8
- Associate's degree (for example, AA, AS) ☐_9
- Bachelor's degree (for example, BA, BS) ☐_10
- Other, please specify: _____ ☐_11
- I prefer not to answer ☐_99

1.a.5 Which of the following best describes your employment status immediately before you started your apprenticeship? (check all that apply)

- Employed at NAME OF EMPLOYER FROM 0.A.4 or at the same employer who sponsors the apprenticeship ☐_1 [go to 1.a.6]
- Employed in the military ☐_2 [go to 1.b.0]
- Employed in one job ☐_3 [go to 1.b.0]
- Employed at multiple jobs ☐_4 [go to 1.b.0]
- Employed on a project basis ☐_5 [go to 1.b.0]
- Self-employed ☐_6 [go to 1.b.0]
- Not working for pay, and actively searching for a job ☐_7 [go to 1.b.0]
- Not working for pay, not actively searching for a job ☐_8 [go to 1.b.0]
- DON'T KNOW ☐_88 [go to 1.b.0]
- REFUSED ☐_99 [go to 1.b.0]

1.a.6 How many months were you working for [NAME OF EMPLOYER FROM A2, IF DK OR
REF INSERT: your employer] before starting the apprenticeship?

_____ (numeric field)

Topic 1.b. Motivation to choose apprenticeship rather than other type of educational or employment option

1.b.1 How important were each of the following considerations in your decision to become an apprentice, rather than pursue other employment or education options?

		very important	important	Some what important	Not important	DON'T KNOW	REFUSED
a.	I could earn while I learned	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b.	I could train for an occupation with high earning potential	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c.	I was confident that the skills and credentials I gained would be valued by employers	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
d.	I could avoid student debt	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
e.	I would have a concrete job opportunity after completing training	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
f.	I could train for a career, not just a job	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99

1.b.1.1 Did you decide to participate for another reason not described above? If yes, please describe.

1.b.2 How much of a concern were each of the following factors when you were considering whether or not to become an apprentice?

		Strong concern	A concern	Some what of a concern	Not a concern	DON'T KNOW	REFUSE D
a.	Having to take time for training, rather than getting right to work	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b.	The difficulty of the classroom training	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c.	The difficulty of the on-the-job training	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
d.	Committing so strongly to a single career path	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
e.	Unsure if I would like the work	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
f.	Unsure what the experience would be like	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99

1.b.2.1 Did you have a concern not listed above? f yes, please describe. [TEXT BOX]

Topic 1.c. Past experiences in labor market

The next set of questions ask about your employment experience before you began your apprenticeship. If you were working for the same employer before your apprenticeship as during your apprenticeship, please use that job, even if your job title did not change after your apprenticeship began.

1.c.2 [IF EMPLOYED (1.a.5 = 1,2,3, 4, 5, 6)]

How many hours per week on average did you work? Please include all of your jobs if you had more than one.

____ HOURS PER WEEK [RANGE: 1 – 80]

DON'T KNOW

REFUSED

☐_88

☐_99 [SKIP TO 1.c.6]

1.c.3 [IF 1.c.1=NOT WORKING FOR PAY (1.a.5 = 7,8, 88, or 99)]

Had you worked for pay previously?

YES

☐₁

NO

☐₂ (SKIP TO 1.d.1)

DON'T KNOW

☐₈₈ (SKIP TO 1.d.1)

REFUSED

☐₉₉ (SKIP TO 1.d.1)

1.c.4 How many hours per week on average did you work in your most recent job before the apprenticeship? Please include all of your jobs if you had more than one job at the time.

____ HOURS PER WEEK [RANGE: 1 – 80]

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

1.c.5 Before starting the apprenticeship, how many months had it been since you last worked for pay? (Round to the nearest number of months)

____ MONTHS [RANGE: 1 - 36]

0 LESS THAN HALF A MONTH

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

1.c.6 About how much did you typically earn per hour before taxes in your most recent main job before starting this apprenticeship? Please answer for your main job if you had more than one job.

(Please enter the amount using numbers and decimals only, for example enter \$25.00 as 25.00 or \$1,000 as 1000.00) [RANGE: 1 – 99]

\$ ____ . ____ PER HOUR IN CURRENT/MOST RECENT JOB (SKIP TO 1.c.8)

☐ REFUSED (SKIP TO 1.c.8)

☐ DON'T KNOW

1.c.7 [IF R DOESN'T KNOW HOURLY RATE] Can you tell me how much you typically earned in your most recent main job before starting this apprenticeship for some other time period, such as per day, per week, every two weeks, or month? (Answer once for whatever time period is most appropriate)

(Please enter the amount using numbers and decimals only, for example enter \$25.00 as 25.00 or \$1,000 as 1000.00)

\$ ____ PER DAY [RANGE: 1 – 500]

\$ ____ PER WEEK [RANGE: 1 – 5,000]

\$ ____ EVERY 2 WEEKS [RANGE: 1 – 10,000]

\$ ____ TWICE MONTHLY [RANGE: 1 – 10,000]

\$ ____ EVERY MONTH [RANGE: 1 – 20,000]

\$ ____ ANNUALLY [RANGE: 1 – 200,000]

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

- 1.c.8 How long were you employed in your most recent main job before starting this apprenticeship? (Please answer in years and/or months.)

___ ___ YEARS ___ ___ MONTHS [RANGE: YEARS 1 – 50, MONTHS, 1 - 12]

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

- 1.c.9 How many different jobs have you held in the three years before starting your apprenticeship?

(Note: If you held multiple positions at the same employer, please count that as a single job)

2

☐₁

3-4

☐₂

5– 6

☐₃

MORE THAN 6

☐₄

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

- 1.c.10 Were any of the jobs you had in the past in a similar field to your apprenticeship?

YES

☐₁

NO

☐₂

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

Topic 1.d. Were you a participant of a pre-apprenticeship?

The next question is about pre-apprenticeship.

- 1.d.1 A pre-apprenticeship is a work-based learning program that teaches basic skills for an occupation and could lead to an apprenticeship. Sometimes these are called “apprenticeship readiness” or “job readiness” programs. Were you in a pre-apprenticeship program prior to your apprenticeship that was related to your apprenticeship?

YES

☐₁ (ASK 1.d.2)

NO

☐₂ (SKIP TO 2.a.1)

DON'T KNOW

☐₈₈ (SKIP TO 2.a.1)

REFUSED

☐₉₉ (SKIP TO 2.a.1)

- 1.d.2 Did your pre-apprenticeship program provide you with any of the following? (check all that apply)

Work experience

☐₁

Classes that were counted for credit toward the apprenticeship program
(Go to 1.d.3)

☐₂

A guaranteed interview for the with the apprenticeship program if you
successfully completed the pre-apprenticeship program

☐₃

Priority in the application process for the apprenticeship program if you
successfully completed the pre-apprenticeship program.

☐₄

Other, please specify: _____

☐₅

I don't know

☐₈₈

I prefer not to answer

☐₉₉

- 1.d.3 Who [is providing/provided] the classroom instruction for your pre-apprenticeship program?

(Multiple Responses allowed)

A four-year college

☐₁

A community college, two-year college,
Or technical college

☐₂

A union

☐₃

An employer

☐₄

A nonprofit organization

☐₅

A private, for-profit training provider

☐₆

Other (please specify): _____

☐₇

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

Section 2. Apprenticeship Experiences

Topic 2.a: Nature of the Apprenticeship

The next set of questions will ask about your experiences during your apprenticeship.

2.a.1. [Is/Was] your apprenticeship time-based, competency-based, or a combination of both (a “hybrid”)?

[SINGLE RESPONSE]

Time-based (apprentices complete a required number of hours in on-the-job training and related instruction to complete the program) ☐ ₁

Competency-based (apprentices demonstrate skills and knowledge to complete the program but are not required to meet a certain number of hours) ☐ ₂

Combination/ Hybrid (programs have minimum and maximum number of hours and the successful demonstration of competencies) ☐ ₃

DON'T KNOW ☐ ₈₈

REFUSED ☐ ₉₉

[IF 2.a.1= 1, “Time-based” THEN SKIP TO 2.a.3; ELSE, ASK 2.a.2]

2.a.2. Were you informed about the specific competencies you needed to learn to complete your apprenticeship?

YES ☐ ₁

NO ☐ ₂

DON'T KNOW ☐ ₈₈

REFUSED ☐ ₉₉

2.a.3 How many hours a week [did/do] you spend on the job during your apprenticeship?

_____ hours per week [RANGE: 0 – 40]

DON'T KNOW ☐ ₈₈

REFUSED ☐ ₉₉

2.a.4 How many hours a week did or do you spend in classroom instruction?

_____ hours per week [RANGE: 0 – 40]

DON'T KNOW ☐ ₈₈

REFUSED ☐ ₉₉

Topic 2.b: Related classroom or online instruction

This next set of questions are about the related classroom or online instruction you [are receiving/received] as part of your apprenticeship.

- 2.b.1. Please specify the best description of your instruction (also known as related technical instruction or "RTI"), either in a classroom, at the work site, or at a separate facility, for the apprenticeship program. Would you say your instruction...?

- Is completed before on-the-job training starts ☐ ₁
Occurs at the same time as on-the-job training, but is completed before on-the-job training finishes ☐ ₂
Occurs at the same time as on-the-job training and is ongoing throughout the apprenticeship program ☐ ₃
Occurs at different times over the course of the apprenticeship program (e.g., block scheduling) (CATI ONLY: IF NECESSARY: Block scheduling is when classroom learning and on-the-job training are done in separate blocks of time. An example would be completing on-the-job training at the employer for 3 months full-time, and then doing classroom learning for a month full-time. You would be doing little or no on-the-job training while in classroom learning, but would still be an employee of the company.) ☐ ₄
Other (Please specify): _____ ☐ ₅
I don't know how it is scheduled ☐ ₈₈
REFUSED ☐ ₉₉

- 2.b.2. Who [is providing/provided] the classroom instruction for your apprenticeship program?

- A four-year college ☐ ₁
A community college, two-year college, Or technical college ☐ ₂
A union ☐ ₃
An employer ☐ ₄
A nonprofit organization ☐ ₅
A private, for-profit training provider ☐ ₆
An industry association ☐ ₇
A community or faith-based organization ☐ ₈
Other (please specify): _____ ☐ ₉
DON'T KNOW ☐ ₈₈
REFUSED ☐ ₉₉

- 2.b.3 How [is/was] the classroom instruction provided? (select all that apply)

- In-person, with an instructor ☐ ₁
On-line, with an instructor in real time ☐ ₂
On-line, facilitated by an instructor, but not in real time. ☐ ₃
In a group ☐ ₄

Individualized
Other, please describe _____

☐₅
☐₇₇

- 2.b.4. How many college credits have you earned or will you earn as a part of the classroom instruction for your apprenticeship program?

_____ College credits [RANGE: 1 – 99]
ALL CLASSES ARE NOT FOR COLLEGE CREDIT
DON'T KNOW
REFUSED

☐₀
☐₈₈
☐₉₉

- 2.b.5. What subjects or topics [are you covering/did you cover] in the classroom instruction for your apprenticeship program?

(check all that apply. PROGRAMMER NOTE: This list of subjects are 2 digit CIP codes.)

Agriculture, Agriculture Operations, and Related Sciences
Natural Resources and Conservation
Architecture and Related Services
Communication, Journalism, and Related Programs
Communications Technologies/Technicians and Support Services
Computer and Information Sciences and Support Services
Personal and Culinary Services
Education
Engineering & Engineering-related fields
Foreign Languages, Literatures, and Linguistics
Family and Consumer Sciences/Human Sciences
Legal Professions and Studies
English Language and Literature/Letters
Library Science
Biological and Biomedical Sciences
Mathematics and Statistics
Military Science, Leadership and Operational Art
Military Technologies and Applied Sciences
Parks, Recreation, Leisure, and Fitness Studies
Health-Related Knowledge and Skills
Philosophy and Religious Studies
Theology and Religious Vocations
Physical Sciences
Science Technologies/Technicians
Psychology
Homeland Security, Law Enforcement, Firefighting and Related Protective Service
Public Administration and Social Service Professions

Social Sciences
 Construction Trades
 Mechanic and Repair Technologies/Technicians
 Precision Production
 Transportation and Materials Moving
 Visual and Performing Arts
 Health Professions and Related Programs
 Business, Management, Marketing, and Related Support Services
 Use of tools, equipment, or specialized skills required for the apprenticeship occupation

Critical thinking and problem solving skills
 Managing time effectively
 Communicating with others in a work setting

Working effectively while part of a team
 Professional skills (e.g., appropriate dress, punctuality, interaction with supervisors and colleagues)
 Orientation or introduction to an industry/occupation
 approved training curriculum approved by industry standards; Please specify: _____
 Occupational skills
 Financial literacy training
 Soft/employability skills training, Please specify: _____
 Basic computer skills training
 Basic math skills
 Advanced math skills
 Basic reading skills
 Advanced reading skills
 Other (Please specify): _____
 DON'T KNOW ☐ 88
 REFUSED ☐ 99

2.b.6. To what degree [are you using/did you use] what you learned in the classroom in your work on the job in your apprenticeship program?

I did not use what I learned in the classroom on the job ☐ 1
 I used some of what I learned in the classroom on the job ☐ 2
 I used most of what I learned in the classroom on the job ☐ 3
 I used everything I learned in the classroom on the job ☐ 4
 DON'T KNOW ☐ 88
 REFUSED ☐ 99

Topic 2.c: Payment for tuition and tools

The next set of questions are about financial costs you incurred as part of your apprenticeship.

- 2.c.1. How much have you paid or will you pay in tuition, fees, and books for the apprenticeship program's classroom instruction? Do not include tuition or expenses that your sponsor or employer paid for or paid you back for, or any costs that were paid for with a grant.

(Please enter the amount using numbers and decimals only, for example enter \$25.00 as 25.00 or \$1,000 as 1000.00)

_____ dollars [RANGE: 0 – 10,000]

DON'T KNOW

REFUSED

☐ ₈₈

☐ ₉₉

- 2.c.2. How much have you paid or will you pay for tools or equipment for the apprenticeship program? Do not include expenses that your sponsor or employer paid or that was paid for with a grant.

(Please enter the amount using numbers and decimals only, for example enter \$25.00 as 25.00 or \$1,000 as 1000.00)

_____ dollars [RANGE: 0 – 10,000]

DON'T KNOW

REFUSED

☐ ₈₈

☐ ₉₉

- 2.c.3. How much of your tuition, fees, and books was paid or will be paid for through a grant such as a Pell Grant or scholarship? Do not include tuition or expenses that your sponsor or employer paid or that was paid with a student loan.

(Please enter the amount using numbers and decimals only, for example enter \$25.00 as 25.00 or \$1,000 as 1000.00)

_____ dollars [RANGE: 0 – 25,000]

DON'T KNOW

REFUSED

☐ ₈₈

☐ ₉₉

Topic 2.d: Mentorship

The following questions are about the mentoring you received during your apprenticeship.

- 2.d.1. Thinking of your on-the-job mentor during your apprenticeship, how many hours per week [do/did] you usually work with that mentor?

_____ hours per week [RANGE: 0 – 40]

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

- 2.d.2. How important [is/was] your mentor for helping you succeed in your apprenticeship—taking into account their help with classroom training, on-the-job components of the occupation (such as tools and techniques), and on-the-job professional skills (e.g., appropriate dress, punctuality, or professional interaction with supervisors)?

Very Important

☐₁

Important

☐₂

Somewhat Important

☐₃

Not Important

☐₄

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

- 2.d.3. How satisfied [are/were] you with the mentors that worked with you for the apprenticeship program?

Very Satisfied

☐₁

Satisfied

☐₂

Somewhat Satisfied

☐₃

Not Satisfied

☐₄

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

Topic 2.e: Apprentice wages

The following questions will ask about the compensation and other support received during your apprenticeship.

- 2.e.1. What hourly wage [IF 0.a.2 = 1 OR 0.a.3.b = 1: do you currently earn as an apprentice, **ELSE**: did you earn at the time that your apprenticeship was completed, suspended, or cancelled,] before taxes?

\$ ____ . ____ PER HOUR (SKIP TO 2.e.2) [RANGE: 1 – 99]

DON'T KNOW

☐ ₈₈

REFUSED (SKIP TO 2.e.2)

☐ ₉₉

- 2.e.1.a [IF R DOESN'T KNOW HOURLY RATE] Can you tell me how much you [IF 0.a.2 = 1 OR 0.a.3.b = 1: currently earn **ELSE**: earned] for some other time period, such as per day, per week, every two weeks, or month? Answer once for the time period that is most appropriate.

\$ ____ PER DAY [RANGE: 1 – 500]

\$ ____ PER WEEK [RANGE: 1 – 5,000]

\$ ____ EVERY 2 WEEKS [RANGE: 1 – 10,000]

\$ ____ TWICE MONTHLY [RANGE: 1 – 10,000]

\$ ____ EVERY MONTH [RANGE: 1 – 20,000]

\$ ____ ANNUALLY [RANGE: 1 – 200,000]

DON'T KNOW

☐ ₈₈

REFUSED

☐ ₉₉

- 2.e.2. How many paid hours [IF 0.a.2 = 1 OR 0.a.3.b = 1: do you typically work per week as an apprentice **ELSE**: did you typically work per week at the time that your apprenticeship was completed, suspended, or cancelled]?

_____ hours [RANGE: 1 – 80]

DON'T KNOW

☐ ₈₈

REFUSED

☐ ₉₉

- 2.e.3. How many wage increases [IF 0.a.2 = 1 OR 0.a.3.b = 1: have you received in the apprenticeship program since you started as an apprentice? **ELSE**: did you receive during your apprenticeship program?]

_____ wage increases [RANGE: 0 – 9]

DON'T KNOW

☐ ₈₈

REFUSED

☐ ₉₉

Topic 2.f: Other Supports

2.f.1. [Are you receiving/Did you receive] any of the following types of support through your apprenticeship program (not during your pre-apprenticeship program)?

(Multiple Responses allowed)

- | | |
|---|------------------------------|
| Academic/career counseling | <input type="checkbox"/> _1 |
| Tutoring | <input type="checkbox"/> _2 |
| Basic skills or remedial/developmental training in math and/or English (as opposed to occupation-specific math or English training) | <input type="checkbox"/> _3 |
| Introductory information technology training | <input type="checkbox"/> _4 |
| Tuition assistance | <input type="checkbox"/> _5 |
| Assistance with costs for tools, equipment, books, supplies, and/or other materials | <input type="checkbox"/> _6 |
| Child care | <input type="checkbox"/> _7 |
| Flexible scheduling | <input type="checkbox"/> _8 |
| Transportation assistance | <input type="checkbox"/> _9 |
| Other (Please specify): _____ | <input type="checkbox"/> _10 |
| None | <input type="checkbox"/> _11 |
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | <input type="checkbox"/> _99 |

2.f.1.1 What, if any, services were not offered but would have been helpful? [Note to Programmer: Make the list of options for this question be conditional on the answers to the prior question, so that only services not selected in the previous question show here.]

- | | |
|---|------------------------------|
| Academic/career counseling | <input type="checkbox"/> _1 |
| Tutoring | <input type="checkbox"/> _2 |
| Basic skills or remedial/developmental training in math and/or English (as opposed to occupation-specific math or English training) | <input type="checkbox"/> _3 |
| Introductory information technology training | <input type="checkbox"/> _4 |
| Tuition assistance | <input type="checkbox"/> _5 |
| Assistance with costs for tools, equipment, books, supplies, and/or other materials | <input type="checkbox"/> _6 |
| Child care | <input type="checkbox"/> _7 |
| Flexible scheduling | <input type="checkbox"/> _8 |
| Transportation assistance | <input type="checkbox"/> _9 |
| Other (Please specify): _____ | <input type="checkbox"/> _10 |
| None | <input type="checkbox"/> _11 |
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | <input type="checkbox"/> _99 |

Topic 2.g: Recommendations

2.g.1. Would you recommend your apprenticeship program to a family member or friend who wants to work in this field?

YES

☐_1

NO

☐_2

DON'T KNOW

☐_88

REFUSED

☐_99

2.g.2 What, if any, recommendations do you have for how the apprenticeship program could be improved?

Section 3. Skills and Knowledge Gained

Topic 3.a. Skill level before starting the apprenticeship

Apprenticeships typically aim to help participants develop a range of different skills. The following questions aim to learn more about that skill development process.

- 3.a. For each of the following skills, please rate how well-developed your skills were before you began your apprenticeship. If the skill is not applicable to the work performed on the job during your apprenticeship, please select N/A.

[PROGRAMMER: RANDOMIZE THE ORDER OF ITEMS, THEN USE THE SAME ORDER IN 3.a FOR 3.b, and 3.c]

		Highly skilled	Some what skilled	Not very skilled	N/A	DON'T KNOW	REFUSE
1.	Use of tools, equipment, or specialized skills required for the apprenticeship occupation. [IF CATI: Would you say...]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
2.	Reading and math skills relevant to the apprenticeship occupation. [IF CATI: Would you say...]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
3.	Computer science or information technology skills. [IF CATI: Would you say...]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
4.	Engineering or engineering technology skills. [IF CATI: Would you say...]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
5.	Business management skills (e.g., project management, accounting, industry background). [IF CATI: Would you say...]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
6.	Critical thinking and problem-solving skills. [IF CATI: Would you say...]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
7.	Working and communicating effectively with others. [IF CATI: Would you say...]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
8.	Managing time effectively. [IF CATI: Would you say...]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉

Topic 3.b. Level of skill development

- 3.b How well has the classroom and on-the-job training you received through the apprenticeship prepared you with the skills needed to operate at a high level in your occupation? Please rate each of the following skills. If the skill is not applicable to the work performed on the job during your apprenticeship, please select.

[PROGRAMMER: RANDOMIZE ITEMS IN SAME ORDER AS 3.a]

	Very well prepared	Well prepared	Some what prepared	Not well prepared	N/A	DON'T KNOW	REFUSE
1. Use of tools, equipment, or specialized skills required for the apprenticeship occupation.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
2. Reading and math skills relevant to the apprenticeship occupation.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
3. Computer science or information technology skills.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
4. Engineering or engineering technology skills.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
5. Business management skills (e.g., project management, accounting, industry background).	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
6. Critical thinking and problem-solving skills	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
7. Working and communicating effectively with others	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
8. Managing time effectively.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99

Topic 3.c. What was most helpful in learning skills?

- 3.c Which aspects of the apprenticeship – either classroom learning, guidance from an on-the-job mentor, OR work experience (learning by doing) – contributed the most to helping you develop the following skills?

Please choose one for each of the following skills. If the skill is not applicable to the work performed on the job during your apprenticeship, please select N/A

[PROGRAMMER: RANDOMIZE ITEMS IN SAME ORDER AS 3.a]

	Classroom learning	On-the-job mentor guidance	Independent on-the-job experience	N/A	DON'T KNOW	REFUSE
1. Use of tools, equipment, or specialized skills required for the apprenticeship occupation.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
2. Reading and math skills relevant to the apprenticeship occupation.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
3. Computer science or information technology skills.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
4. Engineering or engineering technology skills .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
5. Business management skills (e.g., project management, accounting, industry background)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
6. Critical thinking and problem-solving skills.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
7. Working and communicating effectively with others	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
8. Managing time effectively	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99

3.c.1 What [are or were] the top three most valuable aspects of your apprenticeship?
(PROGRAMMER NOTE: PLEASE SET THIS QUESTION SO THEY CAN RANK OPTIONS
WITH 1, 2, 3)

- | | |
|--|------------------------------|
| Learned about the business model for my organization. | <input type="checkbox"/> _1 |
| Gained an understanding of how my job relates to the general processes at my organization. | <input type="checkbox"/> _2 |
| Earned industry recognized credentials. | <input type="checkbox"/> _3 |
| Earned money while learning occupational skills. | <input type="checkbox"/> _4 |
| Gained work experience. | <input type="checkbox"/> _5 |
| Received an introduction to what it's like to work in my occupational area. | <input type="checkbox"/> _6 |
| The support services I received while in the program. | <input type="checkbox"/> _7 |
| The content I learned in the classroom. | <input type="checkbox"/> _8 |
| The combination of on-the-job training or work experience and the classroom instruction. [Go to 3.C.2] | <input type="checkbox"/> _9 |
| The on-the-job training experience. | <input type="checkbox"/> _10 |
| My mentor(s) at work. | <input type="checkbox"/> _11 |
| My classroom instructors. | <input type="checkbox"/> _12 |
| Other, please specify _____ | <input type="checkbox"/> _13 |

3.c.2 What made the combination of on-the-job training or work experience and the classroom instruction valuable?

Topic 3.d. Sufficiency and relevance of classroom learning

- 3.d.1 Thinking about the skills you developed during your apprenticeship, could you have developed a high level of competence in these skills through classroom instruction (either in-person or online) alone?

YES	<input type="checkbox"/> _1
NO	<input type="checkbox"/> _2
DON'T KNOW	<input type="checkbox"/> _88
REFUSED	<input type="checkbox"/> _99

[ASK 3.d.2 IF A1 OR A1.b IS NOT EQUAL TO 1, "Currently registered as an apprentice," ELSE SKIP TO 3.e]

- 3.d.2 Overall, how relevant was your classroom training (either in-person or online) to the work you do in your current job, or, if you are not currently employed, your most recent job?

Very relevant	<input type="checkbox"/> _1
Somewhat relevant	<input type="checkbox"/> _2
Not relevant	<input type="checkbox"/> _3
DON'T KNOW	<input type="checkbox"/> _88
REFUSED	<input type="checkbox"/> _99

- 3.d.3 Do you think you did better or worse in your classroom work because of your participation in the apprenticeship than you would have done if you were enrolled in the same class(es) but were not an apprentice?

Did better	<input type="checkbox"/> _1
Did worse	<input type="checkbox"/> _2
No difference	<input type="checkbox"/> _3
DON'T KNOW	<input type="checkbox"/> _88
REFUSED	<input type="checkbox"/> _99

Topic 3.e. Challenges

3.e.1 What, if any, of the below challenges did you encounter? (check all that apply)

The classroom training was not sequenced well with the on-the-job training. For example, we learned the classroom content *after* covering the topics in the on-the-job training. ☐₁

My mentor did not provide me with sufficient guidance about work tasks. ☐₂

It was hard to manage the time demands of the apprenticeship. ☐₃

The career ladder for me at the organization post-apprenticeship was unclear. ☐₄

It was challenging working with my direct supervisor. ☐₅

Finding transportation to get to my work site was a challenge. ☐₆

Finding transportation to get to my classroom site was a challenge. ☐₇

Finding child care was a challenge ☐₈

Other, please explain _____ ☐₉

3.e.2 What, if any, challenges did you encounter during your apprenticeship?

Section 4. Outcomes

Topic 4.a: Reasons for non-completion

These next questions ask about completing your apprenticeship and any credentials or certifications you may have earned.

[IF A1 = 1 OR A1.b = 1 , “Currently registered as an apprentice,” go to 4.a.1

IF A1 = 3 , OR A1.b = 3, “Employer or sponsor ended my apprenticeship,” go to 4.a.2

IF A1 = 4 OR A1.b = 4, “I left the apprenticeship before completing,” go to 4.a.3

ELSE, SKIP TO 4.b.1]

4.a.1. Which of the following best describes your current status in the apprenticeship program?

- I am still registered and on track to complete the apprenticeship by the expected completion date [Go to 4.b.1] ☐ ₁
- I am still registered but will not complete on time. [Go to 4.a.1.1] ☐ ₂
- Other. (Please specify): _____ [Go to 4.b.1] ☐ ₃
- DON'T KNOW [Go to 4.b.1] ☐ ₈₈
- REFUSED [Go to 4.b.1] ☐ ₉₉

4.a.1.1 What are the reasons you expect you won't complete your apprenticeship (select all that apply)

- Due to delays in my progress through classroom instruction ☐ ₁
- Due to delays in my progress through on-the-job training ☐ ₂
- Due to personal or family problems ☐ ₃
- Due to a shortage of available work from my employer ☐ ₄
- DON'T KNOW [Go to 4.b.1] ☐ ₈₈
- REFUSED [Go to 4.b.1] ☐ ₉₉

[Skip to 4.b.1]

4.a.2. Which of the following best describes why your employer cancelled your registered apprenticeship?

- Lack of work ☐ ₁
- They went out of business ☐ ₂
- They temporarily closed or reduced staff ☐ ₃
- My poor performance on the job ☐ ₄
- For reasons that I am not aware of ☐ ₅
- Other (Please specify): _____ ☐ ₆
- DON'T KNOW ☐ ₈₈
- REFUSED ☐ ₉₉

[Skip to 4.b.1]

4.a.3. Which of the following best describes your reasons for not completing your registered apprenticeship at this time?

- | | |
|---|-----------------------------|
| I lost interest in the occupation | <input type="checkbox"/> 1 |
| I found a better paying job | <input type="checkbox"/> 2 |
| I disliked the classroom training content | <input type="checkbox"/> 3 |
| I disliked the on-the-job training | <input type="checkbox"/> 4 |
| I disliked the employer | <input type="checkbox"/> 5 |
| I disliked my direct supervisor | <input type="checkbox"/> 6 |
| Personal or family problems | <input type="checkbox"/> 7 |
| Other (Please specify): _____ | <input type="checkbox"/> 8 |
| DON'T KNOW | <input type="checkbox"/> 88 |
| REFUSED | <input type="checkbox"/> 99 |

4.a.3.1 What, if anything, could have helped you stay in the program?

Academic/career counseling

- | | |
|---|-----------------------------|
| | <input type="checkbox"/> 1 |
| Tutoring | <input type="checkbox"/> 2 |
| Basic skills or remedial/developmental training in math and/or English (as opposed to occupation-specific math or English training) | <input type="checkbox"/> 3 |
| Introductory information technology training | <input type="checkbox"/> 4 |
| Tuition assistance | <input type="checkbox"/> 5 |
| Assistance with costs for tools, equipment, books, supplies, or other materials | <input type="checkbox"/> 6 |
| Child care | <input type="checkbox"/> 7 |
| Flexible scheduling | <input type="checkbox"/> 8 |
| Transportation assistance | <input type="checkbox"/> 9 |
| A wider option of promotion opportunities | <input type="checkbox"/> 10 |
| Other (Please specify): _____ | <input type="checkbox"/> 11 |
| None of the above | <input type="checkbox"/> 12 |
| DON'T KNOW | <input type="checkbox"/> 88 |
| REFUSED | <input type="checkbox"/> 99 |

[SKIP TO 4.b.1]

Topic 4.b: Certificates and credentials

4.b.1. Did you receive any degrees, certificates, or professional licenses as a result of the apprenticeship program?

- | | |
|------------|-----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| DON'T KNOW | <input type="checkbox"/> 88 |
| REFUSED | <input type="checkbox"/> 99 |

[IF 4.b.1=1 "YES", ask 4.b.1.a and 4.b.2; ELSE SKIP TO 4.b.3.]

4.b.1.a. What is the name of the degree, certificate, or professional license that you received?
Please list up to three.

1. _____
 2. _____
 3. _____
- DON'T KNOW ☐₈₈
REFUSED ☐₉₉

4.b.2. Are any of the credentials (degree, license certification) earned through your apprenticeship recognized by other employers?

- YES ☐₁
NO ☐₂
DON'T KNOW ☐₈₈
REFUSED ☐₉₉

4.b.3. Are you currently in an occupation where a license is required?

- YES ☐₁ (ASK 4.b.4)
NO ☐₂
DON'T KNOW ☐₈₈
REFUSED ☐₉₉

[IF 4.b.3 = 1, Yes, ASK 4.b.4; ELSE, SKIP TO 4.b.6]

4.b.4. Do you have a license in your occupation?

- YES ☐₁ (ASK 4.b.5)
NO ☐₂
DON'T KNOW ☐₈₈
REFUSED ☐₉₉

[IF 4.b.4 = 1, Yes, ASK 4.b.5; ELSE, SKIP TO 4.b.6]

4.b.5. Did you earn that license as a result of your apprenticeship program?

- YES ☐₁
NO ☐₂
DON'T KNOW ☐₈₈
REFUSED ☐₉₉

4.b.6. Are you currently in an occupation where a certification is available?

- YES ☐₁ (ASK 4.b.7)
NO ☐₂ (GO TO 4.b.9)
DON'T KNOW ☐₈₈ GO TO 4.b.9
REFUSED ☐₉₉ (GO TO 4.b.9)

[IF 4.b.6 = 1, Yes, ASK 4.b.7; ELSE, SKIP TO 4.b.9]

4.b.7. Do you have a certification in your occupation?

- YES ☐₁ (ASK 4.b.8)
NO ☐₂
DON'T KNOW ☐₈₈
REFUSED ☐₉₉

[IF 4.b.7 = 1, Yes, ASK 4.b.8; ELSE, SKIP TO 4.b.9]

4.b.8. Did you earn that certification as a result of your apprenticeship program?

- | | |
|------------|------------------------------|
| YES | <input type="checkbox"/> _1 |
| NO | <input type="checkbox"/> _2 |
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | <input type="checkbox"/> _99 |

[IF A1 or A1.b = 1, "Currently registered as an apprentice," OR 2, "Completed the apprenticeship program," ASK 4.b.9-4.b.10.

IF A1 or A1.b =3, "Employer or sponsor ended my apprenticeship," OR 4 "I left the apprenticeship before completing," , SKIP TO 4.c.1]

4.b.9 Do you consider what you [IF = 2 accomplished; IF = 1 have accomplished] in your apprenticeship as achieving a high level of expertise in a profession or occupation?

- | | |
|------------|------------------------------|
| YES | <input type="checkbox"/> _1 |
| NO | <input type="checkbox"/> _2 |
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | <input type="checkbox"/> _99 |

4.b.10. What level of expertise do you believe you have achieved relative to an experienced worker just promoted to the next level after completing the apprenticeship?

- | | |
|------------|------------------------------|
| 10% | <input type="checkbox"/> _1 |
| 25% | <input type="checkbox"/> _2 |
| 50% | <input type="checkbox"/> _3 |
| 75% | <input type="checkbox"/> _4 |
| 90% | <input type="checkbox"/> _5 |
| 100% | <input type="checkbox"/> _6 |
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | <input type="checkbox"/> _99 |

[IF A1 = 1 OR A1.b = 1, "Currently registered as an apprentice," SKIP TO END1, ELSE CONTINUE]

Topic 4.c: Employment

The following questions are about your current employment status.

4.c.1. Are you currently employed?

YES

☐₁ ASK 4.c.1.1

NO

☐₂ SKIP TO 4.c.3

DON'T KNOW

☐₈₈ ASK 4.c.1.1

REFUSED

☐₉₉ ASK 4.c.1.1

4.c.1.1 What hourly wage do you currently earn?

\$ ____ . ____ PER HOUR (SKIP TO 4.c.1.2) [RANGE: 1 – 99]

DON'T KNOW

☐₈₈

REFUSED(SKIP TO 4.c.1.1a)

☐₉₉

4.c.1.1a [IF R DOESN'T KNOW HOURLY RATE] Can you tell me how much you earn for some other time period, such as per day, per week, every two weeks, or month? Answer once for the time period that is most appropriate.

\$ ____ PER DAY [RANGE: 1 – 500]

\$ ____ PER WEEK [RANGE: 1 – 5,000]

\$ ____ EVERY 2 WEEKS [RANGE: 1 – 10,000]

\$ ____ TWICE MONTHLY [RANGE: 1 – 10,000]

\$ ____ EVERY MONTH [RANGE: 1 – 20,000]

\$ ____ ANNUALLY [RANGE: 1 – 200,000]

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

4.c.1.2 How many paid hours do you typically work per week?

_____ hours [RANGE: 1 – 80]

DON'T KNOW

☐₈₈

REFUSED

☐₉₉

4.c.2. Are you employed with the same employer that operated your apprenticeship program?

YES

☐₁ SKIP TO 4.c.4

NO

☐₂ ASK 4.c.3

DON'T KNOW

☐₈₈ ASK 4.c.3

REFUSED

☐₉₉ ASK 4.c.3

[IF 4.c.1 = NO AND A1 = 2 OR A1.b = 2, "Completed the apprenticeship program, "ASK
4.c.3

ELSE IF 4.c.2 = NO, ASK 4.c.3

ELSE SKIP 4.c.3]

4.c.3. Why are you no longer employed with the employer that operated your apprenticeship program?

- | | |
|---|------------------------------|
| I found a better paying job | <input type="checkbox"/> _1 |
| I found a job that offered better hours | <input type="checkbox"/> _2 |
| I found a job that offered better scheduling | <input type="checkbox"/> _3 |
| Personal or family reasons | <input type="checkbox"/> _4 |
| The employer that operated my apprenticeship program is no longer in business | <input type="checkbox"/> _5 |
| The employer that operated my apprenticeship program did not have additional work for me and therefore did not make a job offer | <input type="checkbox"/> _6 |
| The employer that operated my apprenticeship Program did not make a job offer because of my performance | <input type="checkbox"/> _7 |
| Other (specify): _____ | <input type="checkbox"/> _8 |
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | |

4.c.3.1 How related is your current job to your apprenticeship?

- | | |
|-----------------------|------------------------------|
| Very strongly related | <input type="checkbox"/> _1 |
| Strongly related | <input type="checkbox"/> _2 |
| Somewhat related | <input type="checkbox"/> _3 |
| Slightly related | <input type="checkbox"/> _4 |
| Not at all related | <input type="checkbox"/> _5 |
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | <input type="checkbox"/> _99 |

[IF 4.c.1=NO, DK, REF THEN SKIP TO END1, ELSE CONTINUE]

[PROGRAMMER: QUESTION 4.c.5 WILL BE A DROPDOWN SELECTION MENU OF DETAILED OCCUPATION BASED ON THE SUMMARY OCCUPATION SELECTED IN 4.c.4]

4.c.4 "In what broad occupational area is your current job? If you have more than one job, please answer for your main job.

- a) Agriculture, Forestry, Fishing and Hunting
- b) Mining, Quarrying, and Oil and Gas Extraction
- c) Utilities
- d) Construction
- e) Manufacturing
- f) Wholesale Trade
- g) Retail Trade
- h) Transportation and Warehousing
- i) Information
- j) Finance and Insurance
- k) Real Estate and Rental and Leasing
- l) Professional, Scientific, and Technical Services
- m) Management of Companies and Enterprises
- n) Administrative and Support and Waste Management and Remediation Services
- o) Educational Services
- p) Health Care and Social Assistance
- q) Arts, Entertainment, and Recreation
- r) Accommodation and Food Services
- s) Other Services
- t) Public Administration
- u) Other, please specify _____

DON'T KNOW

☐ 88

REFUSED

☐ 99

4.c.5 Which of these titles best describes the specific occupation of your current main job?

[PROGRAMMER: QUESTION 4.c.5 WILL BE A DROPDOWN SELECTION MENU OF DETAILED OCCUPATION BASED ON THE SUMMARY OCCUPATION SELECTED]

Not listed (Please Specify):

☐ 77

DON'T KNOW

☐ 88

REFUSED

☐ 99

Topic D. Demographics

The following set of questions are about your own background.

D.1 Which of the following best describes your relationship status when you began your apprenticeship?

- | | |
|---------------|------------------------------|
| Married | <input type="checkbox"/> _1 |
| Widowed | <input type="checkbox"/> _2 |
| Divorced | <input type="checkbox"/> _3 |
| Separated | <input type="checkbox"/> _4 |
| Never married | <input type="checkbox"/> _5 |
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | <input type="checkbox"/> _99 |

D.2 At the time you began your apprenticeship, did you live at least half time with...?

- | | |
|---|------------------------------|
| Your spouse | <input type="checkbox"/> _1 |
| Your unmarried partner | <input type="checkbox"/> _2 |
| Your child/children (or other children you support financially) | <input type="checkbox"/> _3 |
| Your father | <input type="checkbox"/> _4 |
| Your mother | <input type="checkbox"/> _5 |
| Other (SPECIFY) | <input type="checkbox"/> _6 |
| None of the above | <input type="checkbox"/> _7 |
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | <input type="checkbox"/> _99 |

ASK D.3 ONLY IF D.2 = 3, OTHERWISE SKIP TO D.4

D.3 At the time you began your apprenticeship, how many children did you live with at least half of the time and were responsible for caring for or supporting financially?

_____ child/children [RANGE: 1 – 9]

- | | |
|------------|------------------------------|
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | <input type="checkbox"/> _99 |

D.4 At the time you began your apprenticeship, what level of education had you attained?

(SELECT HIGHEST LEVEL)

- | | |
|--|-------------------------------|
| Bachelor's (4-year) degree or higher | <input type="checkbox"/> _1 |
| Associate's (2-year) degree | <input type="checkbox"/> _2 |
| College certificate | <input type="checkbox"/> _2.1 |
| Technical, trade or vocational credential | <input type="checkbox"/> _3 |
| Some college credit, but no degree or other credential | <input type="checkbox"/> _4 |
| High school diploma | <input type="checkbox"/> _5 |
| Ged or other high school equivalency | <input type="checkbox"/> _6 |
| 12 th grade or less, no diploma | <input type="checkbox"/> _7 |
| DON'T KNOW | <input type="checkbox"/> _88 |
| REFUSED | <input type="checkbox"/> _99 |

D.5 What is your year of birth? _____

D.7

What is your race and/or ethnicity? (Select all that apply)

- | | |
|-------------------------------------|------------------------------|
| American Indian or Alaska Native | <input type="checkbox"/> _1 |
| Asian | <input type="checkbox"/> _2 |
| Black or African American | <input type="checkbox"/> _3 |
| Hispanic or Latino | |
| Middle Eastern or North African | |
| Native Hawaiian or Pacific Islander | <input type="checkbox"/> _4 |
| White | <input type="checkbox"/> _5 |
| I prefer not to answer | <input type="checkbox"/> _99 |

D.8 What is your sex?

- | | |
|------------------------|------------------------------|
| Male | <input type="checkbox"/> _1 |
| Female | <input type="checkbox"/> _2 |
| I prefer not to answer | <input type="checkbox"/> _99 |

D.9 Are you a veteran or have you had any prior military service?

- | | |
|------------------------|------------------------------|
| Yes | <input type="checkbox"/> _1 |
| No | <input type="checkbox"/> _2 |
| I prefer not to answer | <input type="checkbox"/> _99 |

D.10 Do you have a disability?

- | | |
|-------------------------------------|------------------------------|
| Yes [Go to D.11] | <input type="checkbox"/> _1 |
| No [Go to D.12] | <input type="checkbox"/> _2 |
| I prefer not to answer [Go to D.12] | <input type="checkbox"/> _99 |

D.11 What is the category of your disability(ies)? Check all that apply

- | | |
|-----------------------------------|------------------------------|
| Physical/Chronic Health Condition | <input type="checkbox"/> _1 |
| Physical/Mobility Impairment | <input type="checkbox"/> _2 |
| Mental or Psychiatric Disability | <input type="checkbox"/> _3 |
| Vision-related disability | <input type="checkbox"/> _4 |
| Hearing-related disability | <input type="checkbox"/> _5 |
| Learning Disability | <input type="checkbox"/> _6 |
| Cognitive/Intellectual disability | <input type="checkbox"/> _7 |
| Prefer not to say | <input type="checkbox"/> _99 |

D.12 What state do you reside in?

INSERT LIST OF STATES AND TERRITORIES

END1. Thank you very much for your time today.