

Informed Consent Letter for
Student Participation in the SCC Implementation Evaluation Questionnaire
[Insert College and Program Name Here]

APPENDIX C

Informed Consent Letter for Student Participation in the SCC Implementation Evaluation Questionnaire

OMB Control Number: 1290 - 0043

OMB Expiration Date: 10/31/2025

*Public reporting burden for this questionnaire is estimated to average 30 minutes to complete per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the questionnaire. This collection of information is voluntary. You are not required to respond to this collection of information unless it displays a valid OMB control number. Please send comments regarding the burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, Chief Evaluation Office, 200 Constitution Ave NW, Washington, DC 20210, or email ChiefEvaluationOffice@dol.gov and reference OMB control number 1290-0043. **NOTE: Please do not send your questionnaire to this address.***

Dear [Name],

Trewon Technologies, LLC, has been contracted by the U.S. Department of Labor to evaluate the implementation of programs funded through the Strengthening Community Colleges (SCC) Training Grant. The [name of SCC program] here at [name of college] is one of these funded programs. We are part of the Trewon evaluation team and are conducting an online questionnaire to collect feedback about the implementation of the SCC program, to hear about your experience in the [program name], and to learn if your experience in the program matches your expectations. Please read this consent letter before you take part in this questionnaire; we want you to fully understand the purpose, benefits, and risks of taking part and why we are asking you to answer these questions.

Purpose

This questionnaire will gather information about program participants' experiences to evaluate the program implementation's effectiveness and suggest any changes to improve the program. Your responses will remain confidential, and we will only use your feedback for program evaluation and improvement.

Potential Benefits

Your participation in the questionnaire will help us improve the program and meet participant needs and program goals.

Potential Risks

This questionnaire is anonymous, and we will not share any personal information. The questionnaire items are low stakes and should not cause you any stress. The questionnaire should take you about 30 minutes to complete.

Voluntary Participation and Withdrawal

Participation in this questionnaire is voluntary; you may stop or withdraw at anytime without any negative consequences to your program status.

Confidentiality

We will only report the results from this questionnaire in the aggregate. No identifying information will be stored or shared.

To Continue with the Questionnaire

Please click the link at the bottom of the letter to continue the questionnaire. You should complete the questionnaire in one session before [deadline]. If you have any concerns or questions about the questionnaire or its contents or how we will use the results, please contact [Contact Person Name]. If you have technical issues while responding to the questionnaire, please contact [Help Desk Info].

By starting the questionnaire, you acknowledge that you have read and understood this letter and consent to participate. The questionnaire link is [questionnaire link].

Best Regards,

Carolyn Sullins, Ph.D.
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