

SCC Implementation Evaluation Participant Questionnaire  
Workforce Agency Staff

## APPENDIX G

### SCC Implementation Evaluation Workforce Agency Staff 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](mailto:ChiefEvaluationOffice@dol.gov) and reference OMB control number 1290-0043. **NOTE: Please do not send your questionnaire to this address.***

This questionnaire will gather information about your experience with the implementation of the [grant-funded program]. Please read each question carefully before answering. We have designed these questions to collect information that will improve program quality, and your honest feedback will be very valuable in accomplishing that goal.

Please take your time to answer each question. Your responses will remain confidential and only be used to improve the program. Try to complete the questionnaire in one sitting. The questionnaire should take about 30 minutes to finish.

You can choose to answer any or all the questions. Please share additional comments or suggestions about the program in the open-ended questions at the end of the questionnaire. We value your feedback and insight. Click "Submit" to submit the questionnaire once all questions are complete.

Thank you for taking the time to work on our questionnaire. Your feedback is essential to help us improve [program name]. Please contact [technical support information] for questions or problems while taking this questionnaire. If you have concerns about how data will inform program improvement, please contact [Dr. Carolyn Sullins at [carolyn.sullins@trewon.com](mailto:carolyn.sullins@trewon.com)].

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- 1. How long have you been a part of this SCC program?**
  - Less than 12 months
    - How many months? [open text entry]
  - One year or more
    - How many years? [open text entry]
  
- 2. What is your role in [program name]?**
  - Workforce Agency Staff
  - Other (please specify) [open text entry]
  
- 3. When did you learn about the SCC program?** [open text entry]
  
- 4. How would you rate your overall experience with this SCC program?**
  - Excellent
  - Good
  - Fair
  - Poor
  
- 5. In your opinion, is the SCC program well-organized?**
  - Yes
    - Please tell us why. [open text entry]
  - No
    - Please tell us what could be improved. [open text entry]
  - I don't know
  
- 6. How satisfied are you with the resources offered by the program?** [open text entry]
  
- 7. Which additional resources or support would you suggest for a smoother student transition to employment?** [open text entry]
  
- 8. Do you think the program offers skills that match current market demands?** [open text entry]
  
- 9. How are the program's objectives and requirements communicated to its partners?** [open text entry]
  
- 10. Have you encountered any significant challenges with the program?**
  - Yes
    - Can you provide an example? [open text entry]
  - No
    - What has worked particularly well for you? [open text entry]

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**11. Would you describe opportunities as equal for people with diverse backgrounds in this SCC program?**

- Many equal opportunities
  - Please provide an example. [open text entry]
- Some equal opportunities
  - Please give an example. [open text entry]
- Limited equal opportunities
  - Please explain. [open text entry]
- I don't know

**12. In your opinion, does the program promote diversity?**

- Yes
  - Please provide an example. [open text entry]
- No
  - Please tell us why not. [open text entry]
- I don't know

**13. Do you believe that the program respects and values its participants?**

- Always
- Often
- Sometimes
- Rarely

**14. Do you believe graduates of this program will find successful roles in their respective fields?** [open text entry]

**15. How likely are you to continue your involvement with the program in the future?**

- Very likely
- Likely
- Unlikely
- Very unlikely
  - Please explain. [open text entry]

**16. As a partner in the program, how confident are you about its continuing success and impact on the workforce?** [open text entry]

**17. What is your age?** [open text entry]

**18. What was your biological sex assigned at birth, on your original birth certificate?**

- Male
- Female
- Prefer not to answer

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**19. How do you currently describe yourself? (Check all that apply)**

- Male
- Female
- Transgender
- I use a different term [open text entry]
- Prefer not to answer

**20. Just to confirm, you were assigned {FILL} at birth and now you describe yourself as {FILL}. Is that correct?**

- Yes
- No <skip back to Q18 and/or Q19 to correct>

**21. What is your race and/or ethnicity? (Please select all that apply).**

- American Indian or Alaska Native
  - Navajo Nation
  - Blackfeet Tribe of the Blackfeet Indian Reservation of Montana
  - Native Village of Barrow Inupiat Traditional Government
  - Nome Eskimo Community
  - Aztec
  - Maya
  - Other (please specify) [open text entry]
- Asian
  - Chinese
  - Asian Indian
  - Filipino
  - Vietnamese
  - Korean
  - Japanese
  - Other (please specify) [open text entry]
- Black or African American
  - African American
  - Jamaican
  - Haitian
  - Nigerian
  - Ethiopian
  - Somali
  - Other (please specify) [open text entry]
- Hispanic or Latino
  - Mexican
  - Puerto Rican
  - Salvadoran
  - Cuban
  - Dominican
  - Guatemalan
  - Other (please specify) [open text entry]

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- o Middle Eastern or North African
  - Lebanese
  - Iranian
  - Egyptian
  - Syrian
  - Iraqi
  - Israeli
  - Other (please specify) [open text entry]
- o Native Hawaiian or Pacific Islander
  - Native Hawaiian
  - Samoan
  - Chamorro
  - Tongan
  - Fijian
  - Marshallese
  - Other (please specify) [open text entry]
- o White
  - English
  - German
  - Irish
  - Italian
  - Polish
  - Scottish
  - Other (please specify) [open text entry]

**22. What is the highest degree or level of education you have completed?**

- o Less than a high school diploma
- o High school diploma or equivalent (GED)
- o Some college, no degree
- o Associate degree (e.g., AA,AS)/Trade school
- o Bachelor's degree (e.g. BA, BS)
- o Master's Degree (e.g. MA, MS, MBA)
- o Professional Degree (e.g., MD, DDS)
- o Doctorate (e.g. PhD, EdD)

**23. We are very interested in your experience with this program and would appreciate your response to the following:**

- o One of the goals of this program is to close the equity gap by providing a pathway for people from traditionally underrepresented groups (i.e., women, people from racial and ethnic groups, persons with disabilities, LGBTQIA+ identifying individuals) to enter critical industries that offer well-paying careers. In your experience with this program, are there opportunities to achieve this goal? [open text entry]

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- o Another program goal is to increase workforce capacity in industry sectors that require specialized skills and training and where there is often a worker shortage. Will this program increase the highly skilled workers available for industries with a worker shortage? Why or why not? [open text entry]
  
- o Overall, this program seeks to increase the institution's ability to partner with employers and workforce development agencies to train underserved and underrepresented groups in regionally and locally essential industries while opening a pathway to a well-paying career for students in the program. In your opinion, does this program have the potential to achieve this outcome? Why or why not? [open text entry]

**24. What additional feedback can you provide about this SCC program?** [open text entry]

Thank you for your feedback!