

Informed Consent Letter for  
Participation in the SCC Implementation Evaluation  
Workforce Agency Representative Interview  
[Insert College and Program Name Here]

**APPENDIX J**  
**Informed Consent Letter for Participation in the  
SCC Implementation Evaluation Workforce Agency  
Representative Interview**

**OMB Control Number:** 1290 - 0043  
**OMB Expiration Date: 10/31/2025**

*Public reporting burden for this interview is estimated to average 60 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 interview. 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.***

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 program] here at [name of college] is one of these funded programs. We are part of the Trewon evaluation team. We are conducting a series of virtual interviews to collect feedback about the implementation of SCC-funded programs and to learn about your experience as a workforce agency partner. Please read this consent letter before participating in this interview; we want you to fully understand the purpose, benefits, and risks of participating and why we ask you to share your perceptions with us.

**Purpose**

This interview will gather information about your experiences, evaluate the program's implementation effectiveness, and ask you to 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 interview will help improve the program and meet participant and workforce agency needs and program goals.

### **Potential Risks**

This interview is confidential, and we will not share identifying information. The interview questions are low stakes and should not cause you any stress. The interview will take about 60 minutes to complete. We will generate an audio transcript to use when analyzing the results.

### **Voluntary Participation and Withdrawal**

Participation in this interview is voluntary; you may stop or withdraw from the interview at any time without any negative consequences to your partnership status. If you do not feel comfortable answering a question, just let me know and we can skip that question and move on to the next question.

### **Confidentiality**

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

### **To Continue with the Interview**

Please click the link at the bottom of this letter to join the interview. You should complete the interview in one session. If you have any concerns or questions about the interview, its contents, or how we use the results, please tell your interviewer immediately. If you need help accessing the interview site, please contact [Help Desk Info].

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

Best Regards,

Carolyn Sullins, Ph.D.  
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