

**APPENDIX N**  
**Informed Consent Letter for Student Participation**  
**in the SCC Implementation Evaluation Focus**  
**Group**

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

*Public reporting burden for this focus group is estimated to average 90 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 focus group. 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.***

[Letterhead]

Informed Consent Acknowledgement:  
Participation in a Student Focus Group

Study Title: Strengthening Community Colleges Implementation Evaluation

Principal Investigator Information: Dr. Carolyn Sullins, [carolyn.sullins@trewon.com](mailto:carolyn.sullins@trewon.com)

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 focus groups to collect feedback about the implementation of SCC-funded programs and to learn about your experience as a student in the program. Please read this consent letter before participating in the focus group; we want you to fully understand the purpose, benefits, and risks of participating in the focus group and why we ask you to share your perceptions with us.

**Purpose of Study:**

Please join us in a focus group discussion designed to gain insights into your experience with the [college name here] college-to-workforce training program to improve the experience and serve our students better. Your participation is voluntary, and your input is highly valued!

**Procedures:**

Once you decide to participate, you will be invited to attend a virtual focus group session lasting 90 minutes and participate in an interactive group discussion with other students who have participated in the same program. A facilitator will moderate this dialogue by asking about your experiences, challenges, and suggestions regarding this training program.

**Audio Recording:**

We will audio record this focus group discussion for research purposes to ensure accuracy and completeness in the data collected during this session. Your comments will remain anonymous, while identifying details will be removed before recording; this audio file will be stored securely. Once the information on the recording is analyzed, the file will be destroyed immediately.

**Risks and Benefits:**

Participating in this focus group does not pose any known risks; your participation could help us identify areas for improvement within the training program, ultimately benefitting future students. Upon completing your session, you will receive a \$25 gift card as a token of thanks for participating.

**Confidentiality:**

Your responses during the focus group discussion will remain confidential to the extent law permits. No identifying information will be released; comments will be anonymized and used solely for research. Audio recordings and transcripts will be securely stored to be accessible only by our research team.

**Voluntary Participation:**

Participation in this study is strictly voluntary, and you can leave the session without penalty or explanation. Should you withdraw, however, we still thank you with a gift card as a token of our appreciation for participating.

**Questions and Concerns:**

For any inquiries related to the study or your rights as a participant, please reach out directly to Dr. Carolyn Sullins, Principal Investigator for Strengthening Community College Implementation Evaluation Study, via [carolyn.sullins@trewon.com](mailto:carolyn.sullins@trewon.com). Alternatively, should you prefer to discuss your questions with someone outside the research, you may contact the Institutional Review Board (IRB) directly by [IRB Contact Details].

**Consent:**

By signing below, you confirm that you have read and understand all information in this consent form. By volunteering to participate in the focus group discussion described herein, including an audio recording for later review, you also agree to keep a copy of this consent form for your records.

Participant Name / Participant ID # \_\_\_\_\_ Date of Participation \_\_\_\_\_

Participant Signature (required): \_\_\_\_\_

(If the participant is under 18, their parent/guardian's signature will also be required.)

Parent/Guardian Name (if applicable) and Date: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_