

ODEP WRP Participant Experience Survey

Dear Student or Recent Graduate:

The Workforce Recruitment Program (WRP) team wants to make the WRP experience the best it can be. We are hoping to get feedback from you. We would greatly appreciate your time so that we can improve the program for incoming participants. Thank you!

- Your participation in this survey is completely voluntary.
- We estimate that it will take approximately 5 minutes to complete.
- The OMB Approval Number is 1225-0088. Without this currently approved number, the Office of Disability Employment Policy could not conduct this survey. (Expiration date: 01/31/2027)

Prior to Online Application

Please check all that may apply to your experience prior to submitting your WRP application.

1. How did you learn about the WRP? *(Check all that apply)*
 - a. Workforce Recruitment Program E-Mail
 - b. Workforce Recruitment Program Alumni
 - c. College or University Services
 - d. Friends, Family/Relatives
 - e. Federal Government employee
 - f. Department of Labor Website
 - g. Internet search
 - h. Other *(Please specify)*
2. I utilized the following supports to understand the requirements and process to obtain my Schedule A Letter: *(Check all that apply)*
 - a. University Career Counseling Center
 - b. University Disability Services Staff

- c. Workforce Recruitment Program Alumni
 - d. Workforce Recruitment Program Website
 - e. Workforce Recruitment Program Chatbot
 - f. Workforce Recruitment Program Staff
 - g. Licensed Medical Professional (i.e., such as but not limited to primary care physicians, family physicians, psychologists, psychiatrists, audiologists, and other specialists)
 - h. A Certified Rehabilitation Professional (i.e., such as but not limited to vocational rehabilitation counselors)
 - i. Any federal, state, District of Columbia, or U.S. territory agency that issues or provides disability benefits (such as the Social Security Administration, the Veterans Administration, etc.)
 - j. Other (*Please specify*)
3. The informational materials received from WRP (*such as the WRP website, WRP informational flyers, e-mail communication, etc.*) throughout the program and registration process were:
- a. Extremely Clear
 - b. Somewhat Clear
 - c. Neutral
 - d. Somewhat Vague
 - e. Extremely Vague

Eligibility & Online Application Process

Please select what most aligns with your experience registering for the Workforce Recruitment Program.

4. I obtained my Schedule A letter approximately _____ after registering for WRP:
- a. Less than 1 month
 - b. 1 to 2 months

- c. 2 to 4 months
 - d. 4 to 6 months
 - e. 6 to 12 months
 - f. More than 12 months
 - g. I already had a Schedule A letter prior to applying
 - h. I did not obtain a Schedule A letter
5. I obtained my Schedule A letter from:
- a. A Licensed Medical Professional (i.e. such as, but not limited to, primary care physicians, family physicians, psychologists, psychiatrists, audiologists, and other specialists)
 - b. A Certified Rehabilitation Professional (i.e., such as but not limited to vocational rehabilitation counselors)
 - c. Any federal, state, District of Columbia, or U.S. territory agency that issues or provides disability benefits (such as the Social Security Administration, the Veterans Administration, etc.)
 - d. Other (*Please specify*)
 - e. I did not obtain a Schedule A letter
6. Navigating the Workforce Recruitment Program online registration/application platform was:
- a. Very Easy
 - b. Somewhat Easy
 - c. Neither easy nor difficult
 - d. Somewhat Difficult
 - e. Very Difficult
7. Did you apply to the Workforce Recruitment Program through a participating college or university?
- a. Yes

- b. No
- 8. (If yes to Question 7) Were your WRP School Coordinator(s) knowledgeable and did they educate you on WRP, the Schedule A hiring authority, and federal employment?
 - a. Yes, please explain.
 - b. No, please explain.

After Application Submission

- 9. Did you participate in an informational interview with a WRP Recruiter?
 - a. Yes
 - i. (If yes to above) Did you find the interview beneficial?
 - 1. Yes
 - 2. No, please explain:
 - b. No
 - i. (If no to above) Why did you not to participate in an informational interview?
 - 1. Please explain
- 10. Were you ever contacted by a federal agency about an internship or job opportunity through the Workforce Recruitment Program?
 - a. Yes
 - b. No
- 11. (If yes to above) Since you were contacted by at least one federal agency, please select all that apply:
 - a. I participated in an internship with the Federal Government. (with a required “Please list the agency or agencies where you interned” text box)
 - b. I accepted a job with the Federal Government. (with a required “Please list the agency or agencies where you were or are employed” text box)
 - c. I got a job offer but I declined it.
 - d. I got an internship offer but I declined it.

- e. I received an interview but did not get a job or internship offer.
 - f. I was contacted but never responded or was not interested in the opportunity.
 - g. I was contacted and responded, but the agency never followed up with me.
 - h. Other relevant experience. Please explain. [text box]
12. (Only answer if C or D to above) If you stated that you declined your offer in the previous question, why? *(Not required)*
- a. Did not meet my salary expectations
 - b. Was not in my field of interest
 - c. I was no longer looking for a position
 - d. Obtained employment through USAJobs
 - e. Obtained non-federal employment
 - f. Other *(Please specify)*

Overall WRP Experience

13. Please indicate your level of agreement with the following statement: Participating in the WRP helped me prepare for future job or internship opportunities.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
14. Overall, my experience with WRP is/was:
- a. Very Positive
 - b. Moderately Positive
 - c. Neutral
 - d. Moderately Negative

e. Very Negative

15. Please provide any feedback you have regarding your experience with the WRP recruitment, application, submission, informational interview, or interviewing process or anything else you would like to share.

a. [text box]

Background

The following questions are to understand demographics.

16. What is your home ZIP code?

a. [text box]

17. What is/was your degree program?

a. Associates

b. Bachelors

c. Masters

d. Doctorate

e. J.D. or LLM

f. N/a

18. (Skip if N/a for 16) What was your degree's area of study?

a. [text box]

19. (Skip if N/a for 16) What year did you/will you graduate?

a. [text box]

20. What is your race and/or ethnicity? Select all that apply.

a. **White** - For example, English, German, Irish, Italian, Polish, Scottish, etc.

b. **Hispanic or Latino** - For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.

c. **Black or African American** - For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

- d. **Asian** - For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
- e. **Middle Eastern or North African** - For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
- f. **American Indian or Alaska Native** - For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.
- g. **Native Hawaiian or Pacific Islander** - For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marsha/Iese, etc.

Public Burden Statement

Public reporting burden for this form is estimated to average 5 minutes 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 form. 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, Office of Disability Employment Policy, Room S-1313, Constitution Ave., Washington, DC 20210 or wrp@dol.gov and reference OMB control number 1225-0088. **NOTE: Please do not send your completed form to this address.**