

Appendix H.

Contact Information Update Request (English)

OMB Control Number:
Expiration Date:

Round 4 – Strengthening Community Colleges Training Grants Program Evaluation

Contact Information Update Request

Public reporting for this form is estimated to average 0.03 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintain the data needed, and completing and submitting the survey. 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 the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference OMB Control Number [1290-0xxx]. Please do not send your completed form to this address.

I1. [SCC4 COMMUNITY COLLEGE] is taking part in a national study that the U.S. Department of Labor is sponsoring, called the *Strengthening Community Colleges Training Grants Program Evaluation*. When you signed up for the study, you learned that we would contact you to take a second survey. This contact information update request is to ensure we can stay in touch with you for the second survey. Your responses to the questions in this contact information update request are voluntary. You can skip any questions you do not want to answer, but we hope that you will answer as many questions as you can so that we can stay in touch with you for your follow-up survey. We will protect your information and privacy to the fullest extent under the law. Your responses will only be used for survey follow-up efforts.

You may receive this contact information update request up to four times, depending on the date that you enrolled in the study. For the second and fourth requests, we will email you a \$5 gift card to thank you for your participation after you complete this short form.

If you have any questions about the study, please contact Mathematica’s survey director, Lisbeth Goble, at 312-994-1016 or email her at lgoble@mathematica-mpr.com.

ALL

A1. First, we would like to know about your status with [SCC4 program]. Are you currently enrolled at [SCC4 COMMUNITY COLLEGE] in [SCC4 program]?

m Yes..... 1

m No.....0

ALL

A2. Now we would like to make sure we have your most up-to-date contact information. What is your current phone number?

Phone number: (STRING 1)

ALL

A3. What is your current email address?

Email address: (STRING 1)

ALL

A4. What is your current address? If you do not have a current residential address, do you have an address where you currently receive mail?

Street Address 1: (STRING 100)

Street Address 2: (STRING 100)

City: (STRING 100)

State: (STRING 50)

Zip: (STRING 50)

MISSING.....m

SOFT CHECK: IF RESPONDENT DOES NOT ENTER IN street address 1, city, state, or zip; This information will help us to contact you for future surveys. Can you please provide your full address?

ALL

A5. We want to make sure we are able to reach you for the follow-up survey for this study. What is the best way to get in touch with you about the study?

SELECT ONE ONLY

m Phone call..... 1

m Text message..... 2

m Email..... 3

NO RESPONSE..... M

ALL

A6. Thank you for providing this update. Please re-enter your email below and we will email you a link to select a \$5 e-gift card of your choice.

Email address: (STRING 100)