

Written Consent Statement for Participation in MoSTEMWINs Evaluation

This document provides informed, written consent request for participation in an evaluation of the MoSTEMWINs grant conducted by Cosgrove & Associates for the MoSTEMWINs Consortium. This Consortium consists of Missouri's 12 community colleges and the State Technical College of Missouri (i.e., "Linn State Technical College of Missouri). This Consortium received a federal grant from the United States Department of Labor to train Missourians for jobs in transportation, manufacturing, information technology, health services/health sciences, and science. As a participant, you will gain access to the new curriculum and you may also be selected to receive supplementary information designed to encourage your success in the program.

We are asking for your consent to participate in the study by participating in the MoSTEMWINs curriculum/services and allowing your college to release your student data, including demographic and educational data. In order to gather your data over time, the evaluators will create a Proxy ID that will be used throughout the lifespan of the grant. Over the entire period, no personal identifying information will be released by the evaluators, so your information will remain completely anonymous throughout the entire period of the grant. Transmission of your student data will happen quarterly through Fall 2018.

To ensure the security of the data, all student data files will be encrypted prior to transmission, sent electronically through secure online connections, and housed on a password-protected computer maintained by the evaluator. The data will be used for several purposes. First, the Department of Labor requires regular reporting of program results. Second, the data will be used to improve programs. Third, the evaluators will produce results that may be reported, in aggregate, in refereed publications or articles. For all of these reporting purposes, personally identifying information will never be used.

Please note that your participation in this project is completely voluntary and you are free to withdraw at any time and for any reason without penalty. Refusal to participate will not result in any negative impact on your current or future relationship with your college or state agency, the third party evaluator, or any other community college or workforce provider, or the U.S. Department of Labor.

If you are willing to participate in this study and consent to participate in the study, please sign this form.

Participant's name: _____ Date: _____

Participant's signature: _____ Participant's Student ID: _____

PRIVACY ACT

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Labor is authorized to collect information to implement the Trade Adjustment Assistance Community College and Career Training Program under 19 USC 2372 – 2372a. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing this information, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files of the grantee and may be released to other Department officials in the performance of their official duties.

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