ETA-9152OMB Control No. 1205-0NEWExp. xx/xx/xxxx
SHARE NETWORK COORDINATOR SURVEY
This survey is part of an evaluation of the Access Point Initiative being conducted for the U.S. Department of Labor, Employment and Training Administration, by the Social Science Research Group. The survey data will be used for statistical analysis, and neither you nor your organization will be linked with the results in the evaluation report.
Your participation is important and appreciated but is voluntary.
Paperwork Burden Statement
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this collection is xxx-xxxx. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.
To take the survey, click on NEXT.

Survey Questions

1. Which of the following types of organization do you work for on a regular basis? Please identify the funding source(s) for this organization.

	Department of Labor Funding (WIA)	Department of Labor Funding (Wagner Peyser)	Other federa funding	ıl State fundingL	ocal funding.	Non-public funding	I work for this organization but don't know the funding source
One-Stop	€	€	€	É	€	€	€
Workforce Investment Board	€	€	ē	ê	ê	ê	ê
Other public organization	€	€	É	É	€	É	6
Private organization	É	€	ê	ê	€	ê	ê

2. In what month and year did you first receive Access Point training from USDOL contractors?

Month	Year	

3. Was the first training course delivered through in-person presentation, webinar, or both?

jm	In-person presentation
jm	Webinar
m	Both

4. To what extent do you agree or disagree with the following statements about the first training course delivered by USDOL contractors?

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Don't know/can't recall
The training was well organized.	ja	j n	jn	jm	ja	j ta
The information provided in the training was clear.	j'n	j n	j 'n	j'n	j n	Ĵη
The information was relevant.	j o	j n	ja	ja	ja	j ta
There was adequate opportunity to ask questions during the training.	j n	j n	j m	j Ω	j n	j m
There was too much material covered in the training.	jα	ja	jα	j ta	jα	ja

5. To what extent do you agree or disagree with these additional statements about the first training course?

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Don't know/Can't recall
After the training, I felt that I had a good basic understanding of how Access Points should be set up.	jn	jα	j₁∩	j n	jα	ja
I was able to use what I learned from the USDOL training in the training I provided to Access Points.	j'n	jn	j'n	j n	jn	j n
The USDOL training helped me provide additional support to Access Points after they got started.	jα	j'n	jn	j n	jo	jα

6. Overall, how would you rate the quality of the training you received from USDOL contractors?

	Poor	Fair	Good	Excellent
The first training course	j α	j'n	jα	jα
Additional training	<u>j</u> ro	<u>j</u> n	j n	<u></u> jn

7. Please note any comments you may have about the training provided by USDOL contractors. (If you have no comments, go to the next question.)



8. On average, how many HOURS PER WEEK do you spend providing support and/or training to Access Points?

m	No	hours	per	wee	k
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† 1 to 8 hours (up to one day)

8 to 16 hours (one to two days)

† 16 to 24 hours (two to three days)

† 24 to 32 hours (three to four days)

† 32 to 40 hours (four to five days)

More than 40 hours

in Cannot estimate

supporting/training Access Points?
10. On average, how many HOURS PER WEEK does a typical staff member in your office spend supporting/training Access Points?
jn No hours per week
jn 1 to 8 hours (up to one day)
jn 8 to 16 hours (one to two days)
jn 16 to 24 hours (two to three days)
jn 24 to 32 hours (three to four days)
jn 32 to 40 hours (four to five days)
jn More than 40 hours
jn Cannot estimate
11. How would you describe your relationship with the Access Points in your area?
jn A close, ongoing relationship with all Access Points
jn A close, ongoing relationship with most Access Points
jn A close, ongoing relationship with some Access Points but not others
jn An intermittent relationship with most Access Points
jn Little relationship with most Access Points
jn No relationship with any Access Point
Other (please specify)
12. What is the total number of Access Points have you trained? Number 13. What is the total number of individuals at these Access Points that you have trained? Number

9. How many other staff members in your office or organization work on

helping to estab	olish Access Points? (The two steps are [1] the USDOL ning you and [2] your training the Access Points.)	
jn Very well		
jn Fairly well		
jn Not very well		
j∩ Not well at all		
_	ything else you'd like to say about the two-step training the trainer) or how it might be improved?	
	▼	
	ything else you'd like to say about the relationship betweend you or your office?	эn

Name and Addı	ress
The following informati to identify you or your	on will be used only for survey response or contact purposes. It will not be used organization in the evaluation report.
17. Please prov	vide the following information.
Name:	
Organization	
Address:	
City/Town:	
State:	
ZIP:	
Email Address:	