



Public reporting burden for this collection of information is estimated to be 3 minutes per response to complete this questionnaire. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0970-0303. The control number expires on XX/XX/XXXX.

Online Tool / Web Section Survey

Tool / Section Title: _____

Please rate your agreement with the following statements using this scale:

- SD** – Strongly disagree
- D** – Disagree
- N** – Neither agree nor disagree
- A** – Agree
- SA** – Strongly agree
- NA** – Not applicable

I am satisfied with the information found in <insert name of tool/section>	SD	D	N	A	SA	NA
<insert name of tool/section> is easy to use and understand.	SD	D	N	A	SA	NA
I like the way the information from <insert name of tool/section> is displayed.	SD	D	N	A	SA	NA
I will share <insert name of tool/section> with others.	SD	D	N	A	SA	NA

1. How are you using or do you intend to use the information in <insert name of tool/section>? (Check one)

- Provide information for families
- Research
- Service delivery
- Professional development
- Program improvement
- Fundraising/grant writing
- Policy development
- Public awareness
- Other: _____
- Personal use (personal situation, school report)

2. Do you plan to use this information to train others: Yes No (drop down)

3. What would have made <insert name of tool/section> more helpful to you?

4. How did you learn about <insert name of tool/section>? (Check one)

- Child Welfare Information Gateway E-Alert! (email/listserv notification)
- Child Welfare Information Gateway website
- Conference
- Facebook
- Other organization's website or publication
- Referred by a colleague/friend
- Other: _____

5. Which of the following best describes your professional background or role in the child welfare field? (Check one)

- CPS/Child welfare/Foster care professional
- Child abuse prevention/Family support professional
- Adoption professional
- Educator/Faculty

- Other professional: _____
- Student (e.g., K-12 or University)
- None of the above – I contacted Information Gateway for personal and NOT professional reasons.

6. In which State/territory is your work geographically located? (drop down list)_____

7. Do you work in a State, county, or community based agency/organization? Yes No (drop down)

8. Do you work with American Indian/Alaska Native/Native Hawaiian populations? Yes No (drop down)