

**Supporting Statement  
for OMB Clearance  
Request**

**Appendix N:  
Manager/Supervisor  
Online Survey**

**Innovative Strategies for  
Increasing Self-Sufficiency  
(ISIS) – Follow-up Data  
Collection**

**OMB No. 0970-0397**

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*Submitted by:*  
Brendan Kelly  
Office of Planning, Research  
and Evaluation  
Administration for Children  
and Families  
**U.S. Department of Health and  
Human Services**

## Appendix N: Manager/Supervisor Online Survey

# ISIS

INNOVATIVE STRATEGIES FOR  
INCREASING SELF-SUFFICIENCY

## Advance email to managers/supervisors

Dear [name of manager/supervisor]:

As you may know, [name of local ISIS program] is participating in the Innovative Strategies for Increasing Self-Sufficiency (ISIS) study. This study is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) and is being conducted by Abt Associates and its partners. The study will assess a range of promising post-secondary career pathways programs that promote the improvement of education, employment, and self-sufficiency for low-skilled and economically disadvantaged adults. I am writing to enlist your support and assistance in this important project.

A key feature of the information collection for this study will be an online survey of ISIS program managers/supervisors involved overseeing staff and program services. We are asking program managers/supervisors like you to complete a brief survey to help us better understand the structure of [name of local ISIS program]. The survey should take you approximately 30 minutes to complete. It is divided into three areas: management background and program involvement, nature and amount of assistance provided to participants, and professional and program context. Your answers will be kept private. Information you provide will not be shared with other program staff. Your participation in this survey is completely voluntary, but it is important that we have as much input as possible to ensure accurate evaluation of these programs.

Shortly you will receive an email from the ISIS study team providing you with a link to a web-based survey form. The email will be sent from [sender], and it will reference [subject line] in the "Subject" line. The email will also contain a toll free number and email address for you to send any questions or concerns about the survey. Thank you in advance for your assistance in completing this survey and providing important information to the study. With your help, we will have better information about the practices of participating ISIS programs across the nation.

Sincerely,

Abt Associates ISIS Project Director

*The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to supplement information gathered during on-site visits. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).*



## Innovative Strategies for Increasing Self-Sufficiency (ISIS) Manager/Supervisor Survey

As you may know, [\[name of local ISIS program\]](#) is participating in the Innovative Strategies for Increasing Self-Sufficiency (ISIS) study. This study is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) and is being conducted by Abt Associates and its partners. The study will assess a range of promising post-secondary career pathways programs that promote the improvement of education, employment, and self-sufficiency for low-skilled and economically disadvantaged adults. I am writing to enlist your support and assistance in this important project.

As part of the ISIS study, we are asking program managers/supervisors involved overseeing program staff and services to complete a brief survey to help us better understand the structure of [\[name of local ISIS program\]](#). The survey should take you approximately 30 minutes to complete. It is divided into three areas: management background and program involvement, nature and amount of assistance provided to participants, and professional and program context.

Your answers will be kept private. Information you provide will not be shared with other program staff. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any reports published, and comments will not be attributed to you. Instead, your information will be combined with information provided by others. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

*The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to supplement information gathered during on-site visits. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).*

## Part A. Management Background and Program Involvement

Please complete the requested information below or select the category for each item that best describes your background.

1. What is your title? \_\_\_\_\_

2a. How long have you been working in this position of [title from Q1] or a similar one at [name of local ISIS program]?

\_\_\_\_\_ years    \_\_\_\_\_ months

2b. On average, what percent of your time do you spend on [name of local ISIS program]? (Please enter a response from 1-100.)

\_\_\_\_\_ % of your time

3. Are you male or female?

Male

Female

4. What is your age?

\_\_\_\_\_ years

5. Are you of Hispanic, Latino, or Spanish Origin?

(Please select only one answer.)

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin

6. What is your race?

(You may select one or more answers.)

White

Black, African American, or Negro

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Asian

7. What is the highest level of education you have completed?

(Please select only one answer.)

- Some high school (no diploma/no GED)
- High school diploma or GED
- Some college (no degree)
- Associate’s Degree
- Bachelor’s Degree
- Master’s degree
- Doctoral degree or equivalent
- Other (*Please specify*): \_\_\_\_\_

**8. Have you earned a post-secondary degree in any of the following academic areas?  
(Please select all that apply. If you have not earned a degree in an academic area, leave it blank.)**

Academic Area	Degree Earned			
	Associate’s Degree	Bachelor’s Degree	Master’s Degree	Doctoral Degree
8a. Adult Education				
8b. Business				
8c. Communication Arts				
8d. Education				
8e. Education/Elementary School				
8f. Education/Middle School				
8g. Education/Secondary School				
8h. Education/Reading				
8i. Special Education				
8j. Engineering				
8k. English				
8l. ESL				
8m. Guidance/Counseling				
8n. History				
8o. Language/Linguistics				
8p. Mathematics				
8q. Science (i.e., Biology, Botany, Chemistry, Physics, Health Sciences, Nursing)				
8r. Social Science (i.e., Anthropology, Economics, Political Science, Sociology, Psychology)				
8s. Social Work				
8t. Other academic area ( <i>Please specify</i> ): _____				

**9. In addition to these post-secondary degrees, do you hold any educational certifications?** Yes No**10. If yes, please specify the subject area in which you are certified and the type of certification you hold. You may include temporary or emergency certifications. Please do not include certifications that are in progress.**

Subject Area	Type Certification
a.	
b.	
c.	
d.	
e.	
f.	

**11. What is your primary responsibility as part of [name of local ISIS program]?****(Please select only one answer.)**

- Hiring staff
- Supervising case managers/advisors
- Supervising instructional staff
- Supervising other types of staff (e.g., recruitment, study intake, enrollment)
- Program design/enhancements
- Program reporting
- Fundraising
- Other (Please specify): \_\_\_\_\_

**12. What other (secondary) responsibilities do you have as part of [name of local ISIS program]?****(Please select all that apply.)**

- Hiring staff
- Supervising case managers/advisors
- Supervising instructional staff
- Supervising other types of staff (e.g., recruitment, study intake, enrollment)
- Program design/enhancements
- Program reporting
- Fundraising
- Other (Please specify): \_\_\_\_\_

**13. How much total work experience (including your current and prior positions) do you have in performing responsibilities similar to those you carryout as part of [name of local ISIS program]?**

**(Please select only one answer.)**

- More than 5 years
- 3 to 5 years
- 1 to less than 3 years
- Less than 1 year

**14a. In your position of [insert title from Q1] at [name of local ISIS program], do you formally manage/supervise staff on an ongoing basis?**

- Yes
- No

**14b. If yes, how many staff do you typically manage/supervise?**

\_\_\_\_\_ # staff

**14c. Do you supervise:**

**(You may select more than one answer.)**

- Instructors
- Case manager or advisors
- Employment-related staff
- Administrative staff
- Other (Please specify): \_\_\_\_\_



**15. In your position of [insert title from Q1] at [name of local ISIS program], are you a:**  
**(Please select only one answer.)**

- Full-time employee
- Part-time employee
- Contractor

**16a. Do you receive any fringe benefits (e.g., paid time off, health insurance) as part of your employment with [name of local ISIS program]?**

- Yes
- No

**16b. If yes, please select all that apply:**

- Paid vacation
- Health insurance
- Life insurance
- Sick leave
- Tuition reimbursement
- Free or discounted tuition
- Other (Please specify): \_\_\_\_\_

**17a. Are professional development opportunities (e.g., workshops or training) available to you as part of your job?**

- Yes
- No

**17b. If yes, please select all that apply.**

- Workshops/Trainings
- Professional conferences
- Professional association memberships or journal subscriptions
- Online learning resources
- Mentoring/Coaching
- Learning communities or listservs
- Other (Please specify): \_\_\_\_\_

**18. Are the majority of the professional development opportunities available to you:**  
**(Please select the one answer that is most accurate.)**

- Paid by your employer and available during your normal work hours
- Paid by your employer, but on personal time
- Available at a cost to you, but provided time during work hours to attend/use
- Available at a cost to you, on personal time

**19. How often do you attend/participate in professional development activities?**

- More than 5 times per year
- 3-5 times per year
- 1-2 times per year
- Never

## Part B. Nature and Amount of Assistance Provided

20. On average, how often do staff in your program who work with participants on an ongoing basis have contact with participants through each of the following methods?

	Scale				
	1 Never	2 A Few Times per Year	3 About Once a Month	4 2 to 3 Times per Week	5 Once a Week or More
a. In person, individual session					
b. In person, group session					
c. Over the phone					
d. By email or other electronic communication					
e. Other method ( <i>Please specify</i> ): _____					

21. On average, how often do you ...

	Scale				
	1 Never	2 A Few Times per Year	3 About Once a Month	4 2 to 3 Times per Week	5 Once a Week or More
a. Communicate with instructional staff about participants' individual situations (e.g., participant progress, strengths, barriers to participation)?					
b. Communicate with case managers/advisors about participants' individual situations (e.g., participant progress, strengths, barriers to participation)?					
c. Communicate directly with participants about their individual situations (e.g., participant progress, strengths, barriers to participation)?					

22. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements:

	Scale				
	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Staff in this program make an effort to get to know the participants well.					
b. Staff in this program make an effort to learn about participants' personal and family situations.					
c. Staff in this program closely monitor the academic progress of participants.					
d. Staff in this program make an effort to learn about participants' career and employment goals.					

23. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how much you agree or disagree with the following statement:

If people in my job do good work, we can really improve the lives of participants.

Scale				
1 Strongly Disagree	2	3	4	5 Strongly Agree

24. In your opinion, which three of the following personal problems or challenges most frequently stand in the way of participants successfully completing the program?

(Please select up to three answers.)

- Motivational issues
- Mental health issues
- Substance abuse issues
- Physical health issues
- Domestic violence issues
- Other domestic issues (e.g., marital or relationship issues)
- Child care or dependent care issues
- Transportation problems
- Child behavioral issues
- Homelessness or housing problems
- Criminal history
- Legal problems
- Financial issues
- Other (Please specify): \_\_\_\_\_

**25. In your opinion, does your program offer sufficient support services to participants with the following issues?**

	Yes	No	Don't Know
a. Motivational issues			
b. Mental health issues			
c. Substance abuse issues			
d. Physical health issues			
e. Domestic violence issues			
f. Other domestic issues (e.g., marital or relationship issues)			
g. Child care or dependent care issues			
h. Transportation problems			
i. Child behavioral issues			
j. Homelessness or housing problems			
k. Criminal history			
l. Legal problems			
m. Financial issues			
n. Other (Please specify): _____			

**26. Based on the practices in your program, what would you say is the more important goal of the program?**

- To help participants move along the career pathway *by finding employment in their desired field as quickly as possible*
- To help participants move along the career pathway *by continuing their education with the aim of achieving further credentialing to support higher-skilled employment*

Scale						
1	2	3	4	5	6	7
<b>Employment</b> To help participants move along the career pathway <i>by finding employment in their desired field</i> as quickly as possible			<b>Both Equally</b>			<b>Education</b> To help participants move along the career pathway <i>by continuing their education</i> with the aim of achieving further credentialing to support higher-skilled employment

**27. In your opinion, which do you feel the more important goal of the program should be?**

- To help participants move along the career pathway *by finding employment in their desired field as quickly as possible*
- To help participants move along the career pathway *by continuing their education with the aim of achieving further credentialing to support higher-skilled employment*

Scale						
1	2	3	4	5	6	7
<b>Employment</b> To help participants move along the career pathway <i>by finding employment in their desired field</i> as quickly as possible			<b>Both Equally</b>			<b>Education</b> To help participants move along the career pathway <i>by continuing their education</i> with the aim of achieving further credentialing to support higher-skilled employment

**28. In your opinion, if participants get the typical services provided by your program, how helpful will these services be to them in getting a job in the field they are studying?**

Scale						
1	2	3	4	5	6	7
Little Help in Getting a Job						Considerable Help in Getting a Job

**29. In your opinion, if participants get the typical services provided by your program how helpful will the services be to them in feeling better about themselves?**

Scale						
1	2	3	4	5	6	7
Little Help in Feeling Better About Themselves						Considerable Help in Feeling Better About Themselves

## Part C. Professional and Program Context

Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how strongly do you agree or disagree with each of the following statements about [name of local ISIS program] and your experiences in your position?

• Domain	Item	Scale				
		1 Strongly Disagree	2	3	4	5 Strongly Agree
• Staffing	30. Frequent staff turnover is a problem for your program.					
• Staffing	31. Staff in your program are able to spend the time needed with participants.					
• Staffing	32. Staff in your program have the skills they need to do their jobs.					
• Staffing	33. Your program has enough staff to meet current participant needs.					
• Staffing	34. Staff in your program are well-trained.					
• Staffing	35. A larger support staff is needed to help meet needs at your program.					
• Training	36. Staff training and professional development are priorities in your program.					
• Training	37. You learned new skills or techniques at a professional training in the past year.					
• Training	38. Your program holds regular in-service training.					
• Training	39. The budget in your program allows staff to attend professional training.					
• Growth	40. Your program encourages and supports professional growth for the staff.					

• Domain	Item	Scale				
		1 Strongly Disagree	2	3	4	5 Strongly Agree
• Growth	41. Keeping your knowledge and skills up-to-date is a priority for you.					
• Growth	42. You do a good job of regularly updating and improving your skills.					
• Growth	43. You regularly read professional articles or books in your field of expertise.					
Satisfaction	44. You are satisfied with your present job.					
Satisfaction	45. You feel appreciated for the job you do.					
Satisfaction	46. You give high value to the work you do.					
Satisfaction	47. You are proud to tell others where you work.					
Satisfaction	48. You like the people you work with.					
Satisfaction	49. You would like to find a job somewhere else.					
• Mission	50. Some staff members seem confused about the main goals for your program.					
• Mission	51. Your duties are clearly related to the goals for your program.					
• Mission	52. Your program operates with clear goals and objectives.					
• Mission	53. Our program has a clear plan for its future.					
• Stress	54. The heavy staff workload reduces the effectiveness of your program.					



• Domain	Item	Scale				
		1 Strongly Disagree	2	3	4	5 Strongly Agree
• Stress	55. You are under too many pressures to do your job effectively.					
• Stress	56. Staff members at your program often show signs of high stress and strain.					
• Stress	57. Staff frustration is common where you work.					

Thank you for your time in filling out this questionnaire.