

***Engagement Survey Instrument  
Add Us In Evaluation***

**July 21, 2014**

***Submitted to:***

U.S. Department of Labor  
200 Constitution Ave., NW  
Washington, DC 20210

## SURVEY OF GETTING TO WORK TRAINING PARTICIPANTS

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According to the Paperwork Reduction Act of 1995, persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Responding to this survey is voluntary. Public reporting burden for this collection of information is estimated to average 15 minutes, including time for reviewing instructions and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information to Cherise Hunter, Office of Disability Employment Policy, U.S. Department of Labor: [hunter.cherise@dol.gov](mailto:hunter.cherise@dol.gov) or 202.693.4931.

### Introduction

You are being asked to participate in a survey about your experience working with the **[INSERT NAME OF ADD US IN CONSORTIUM HERE]**. The U.S. Department of Labor's Office of Disability Employment Policy (ODEP) has contracted with IMPAQ International to conduct this survey to assess the engagement of **[INSERT NAME OF ADD US IN CONSORTIUM HERE]** partners.

We are conducting this survey to determine how organizations work or collaborate with **[INSERT NAME OF ADD US IN CONSORTIUM HERE]**, and whether they have experienced any change in how they think or what they do when they interact with people with disabilities. **All the information you provide will be reported as aggregate or grouped data and will only be used for the purposes of this study.**

### Instructions for Completing the Survey

- Please use only the Previous Page and Next Page buttons to go back to a previous question or move on to the next one. Please do not use the back and forward arrows in your browser for navigation.
- Because the survey saves automatically each time you click "Next Page," it is possible to close the survey and re-open it again at a future date. Just click on the link in your email again and it will take you to your partially completed survey with all completed pages saved.

### Questions?

If you have any questions about completion of this survey or wish to receive your survey in an alternative format, please contact Ms. Lisa Lin Freeman of IMPAQ at 443-283-1648 or [lfreeman@impaqint.com](mailto:lfreeman@impaqint.com). If you have any questions about the overall study, please contact Cherise Hunter of the Office of Disability Employment Policy, U.S. Department of Labor, at [hunter.cherise@dol.gov](mailto:hunter.cherise@dol.gov) or 202.693.4931.

### Returning Completed Surveys

Please complete and submit your responses to this survey by **no later than Month/Date/Year**.

Thank you for your help in this effort to assess the impact of **[INSERT NAME OF ADD US IN CONSORTIUM HERE]**!

## [INSERT NAME OF ADD US IN CONSORTIUM HERE] SURVEY

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First, we will begin with some questions about you and your organization.

### 1. What is your role in your business/organization?

- Executive Director/President/Administrator
- Program Management/Oversight
- Other

### 2. What type of business/organization are you in?

- Government Agency
  - Workforce System
  - Vocational Rehabilitation Agency
  - Other Government Agency
- For-Profit Business
- Business or Industry Association
- Educational Institution (K-12, College)
- Nonprofit or Faith/Community-Based Organization
- Labor Organization
- Other

Please tell us about your involvement with [INSERT NAME OF ADD US IN CONSORTIUM HERE].

### 3. Within the past 12 months, how often have you had contact with anyone involved with \_\_\_\_\_ [INSERT NAME OF ADD US IN CONSORTIUM HERE]?

- Weekly or more often
- At least once a month
- Once every couple of months
- Once or twice in past 12 months
- Never (SKIP TO END)

4. How involved are you in the following [NAME OF ADD US IN CONSORTIUM] activities?	Not at All	A Little	Some-what	Moder-ately	Very
a. Strategizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Recruiting businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Preparing businesses to hire individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Recruiting individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Preparing individuals with disabilities for employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Matching individuals with disabilities with employer needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Building relationships among businesses and community organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Evaluating [NAME OF CONSORTIUM] activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Sustaining [NAME OF CONSORTIUM] activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Disseminating [NAME OF CONSORTIUM] practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Using the scale provided below, please indicate the extent to which you currently interact with each of the following partners in [NAME OF ADD US IN CONSORTIUM]<sup>1</sup>.

- 1 - **Unaware:** Not aware of each other, No communication
- 2 - **Awareness:** Aware of each other, Little communication
- 3 - **Cooperation:** Provide information to each other, Little to moderate communication
- 4 - **Coordination:** Moderate communication, Some shared decision making
- 5 - **Coalition:** Share ideas, Frequent communication, Work together in decision making
- 6 - **Collaboration:** Have mutual trust, Reach consensus on all decisions, Share ideas, Very frequent communication

[INSERT SPECIFIC NAMES/ORGANIZATIONS]	1	2	3	4	5	6
Partner 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[NOTE: if the response to all partners named in Q. 5 is “6,” skip to the end.

6. How likely you are to continue working with each of the following [NAME OF ADD US IN CONSORTIUM] partners? <sup>2</sup>	Very Unlikely	Unlikely	Neutral	Likely	Very Likely	Not Applicable
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<sup>1</sup> Original question adapted by EconSys from the Collaborative Climate instrument developed by Sveiby and Simmons, 2002. Modified for current survey.

Partner 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. To what extent has your involvement with [NAME OF ADD US IN CONSORTIUM] increased or expanded your:	Not at All	Reinforced Current Level	A Little	Moderately	A Lot
Level of community involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to leadership opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Network of collaborative relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. To what extent do you agree or disagree that <sup>3</sup> :	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Information sharing with [NAME OF CONSORTIUM] partners has increased my knowledge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combining knowledge with [NAME OF CONSORTIUM] partners has resulted in new ideas and solutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We often share work experiences with other [NAME OF CONSORTIUM] partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. To what extent has your involvement with [NAME OF ADD US IN CONSORTIUM] partners changed *how you think* about employment of individuals in the consortium's targeted groups?

No Change	Reinforced Attitudes I Already Had	Changed a Little	Changed a Moderate Amount	Changed a Lot
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. To what extent has your involvement with [NAME OF ADD US IN CONSORTIUM] partner changed *what you do* about employment of individuals in the consortium's targeted groups?

No Change	Reinforced Things I Was Already	Changed a Little	Changed a Moderate	Changed a Lot
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<sup>2</sup> Original question (EconSys) based on the collaboration instrument from Frey, Lohmeier, and Tollefson, 2006. Modified for current survey.

<sup>3</sup> Original question adapted by EconSys from the Collaborative Climate instrument developed by Sveiby and Simmons, 2002. Modified for current survey.

○○
Doing
○○
Amount
○○
○○

11. How much has [NAME OF ADD US IN CONSORTIUM] increased your organization's experiences in the following areas related to disability diversity?	Not at All	Reinforced Current Level	A Little	Moderately	A Lot
a. Disability recruitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Disability hiring practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Disability diversity training practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Accommodation practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Customer pool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Level of community visibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Involvement with peer organizations around disability issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Policies inclusive of IWD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Marketing or outreach practices to include IWD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Disseminating consortium practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Communication with members or customers about disability diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Programming for members or customers about disability diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Level of commitment to diversity by senior leadership and/or management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Level of resources committed to disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. New or modified policies or program directions to promote disability diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. To what extent do you agree or disagree that your experience with [NAME OF ADD US IN CONSORTIUM] has helped you to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Support the needs of the population(s) you serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Interact with internal colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Interact with partner organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. Interact with employers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Interact with the larger community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. Are there any other ways - not necessarily related to disability diversity - in which your experience with [NAME OF ADD US IN CONSORTIUM] has changed your behavior or resulted in changes in your organization or in the larger community? Please describe.**

*Web version will produce space to specify*

**14. Please describe what successes your organization has had in the employment of people with disabilities as a result of - or in connection with - your involvement with [NAME OF ADD US IN CONSORTIUM].** *Web version will produce space to specify*