



Constituency Group survey

Instructions for On-line Survey Development

For each Constituency Group run by the Center for States, a survey will be created in on-line survey software to gather feedback that can inform project planning. Given the changing nature and context of each constituency group, it is important to be able to get feedback from recipients without creating undue burden by answering excessive questions that only marginally apply. To address this, the survey will be tailored to the unique information needs of each group to ensure low burden while informing high quality service provision. When creating each on-line survey, content specialists will use the required questions listed below and choose up to 20 context specific optional questions that can be added to the survey, as needed. This will allow for unique information needs to be met.

It is expected that each tailored survey will have no more than 45 questions, including 20 required questions and a maximum of 25 optional questions, with a burden of no more than 20 minutes.

Required Questions (20 required)

	Strongly Disagree	2	3	Neither	5	6	Strongly Agree
• The content of the work of the [Name of Constituency Group] felt relevant to the values and context of my agency.	SD	2	3	N	5	6	SA
• The content provided in the [Name of Constituency Group] events felt relevant to the values and context of the communities my agency serves.	SD	2	3	N	5	6	SA
• [Name of Constituency Group] has been helpful in my work.	SD	2	3	N	5	6	SA
• Overall, I was satisfied with the [Name of Constituency Group].	SD	2	3	N	5	6	SA
• The format of the [Name of Constituency Group] provided opportunities for participants to interact.	SD	2	3	N	5	6	SA
• The facilitator/manager helped us achieve the goals of the Constituency Group.	SD	2	3	N	5	6	SA
• The facilitator/manager helped me interact with my peers in a meaningful way.	SD	2	3	N	5	6	SA
• The facilitator/manager encouraged	SD	2	3	N	5	6	SA

participation from all attendees.							
• The knowledge, skills, and interaction style of the facilitator were appropriate for the goals of the [Name of Constituency Group].	SD	2	3	N	5	6	SA
• As a result of my involvement in the [Name of Constituency Group], I have improved my connections with peers/colleagues.	SD	2	3	N	5	6	SA
• As a result of my participation, I am able to [Name of Peer Networking Group Goal 1]. (Insert/delete as many objectives/goals as necessary; learning objectives should include knowledge/skills/attitudes participants are expected to achieve)	SD	2	3	N	5	6	SA

- What aspects of the [Name of Peer Networking Experience, Event, Webinar] were most useful for your work?
- As a result of this [Name of Group/Peer Networking Activity, Name of Learning Experience], how often <did you/do you anticipate> engaging with other attendees outside of official activities over the next six months (last six months)?
 - Never
 - Once
 - Every Few Months
 - Monthly
 - A Few Times a Month
 - Weekly
 - Two to Three Times a Week
- As a result of my participation/involvement in the [Name of Peer Networking Activity, Event or Webinar], I developed new relationships with ...
 - [Insert options that are relevant to the target audience]
- Provide a specific example of how the [Name of Learning Experience, Name of Peer Networking Activity, Event] has improved your relationship with peers or benefitted your work.
- I have discovered new tools, ideas, & ways of thinking from the relationships developed during the [Name of Learning Experience, Name of Peer Networking Activity]?
 - Never
 - Once
 - Every Few Months
 - Monthly
 - A Few Times a Month
 - Weekly
 - Two to Three Times a Week
- Were there ways in which the [Name of Peer Networking Activity, Event, or Webinar] could have been more useful to you? (Yes/No)

If yes, please describe how this [Name of Peer Networking Activity, Event, or Webinar] could have been more useful?

- Please indicate which of the following resources you have utilized
[Skip logic will add questions below to ask about the related publications/ learning experiences/events.]
- In which State/Territory do you work? _____
- Please select the various ways you [insert have already applied the information, plan to apply the information] from the [Name of Peer Networking Activity, Event, or Webinar] in your work. (Check all that apply)

<input type="radio"/> Increase my knowledge	<input type="radio"/> Train staff/colleagues
<input type="radio"/> Inform my attitudes	<input type="radio"/> Conduct research & evaluation
<input type="radio"/> Support program improvement	<input type="radio"/> Create new programs
<input type="radio"/> Support policy development	<input type="radio"/> Create new tool
<input type="radio"/> Provide information to clients/families	<input type="radio"/> My own professional development
<input type="radio"/> Provide information to my peers	<input type="radio"/> I have not yet applied this to my work
<input type="radio"/> Support public awareness/advocacy efforts	<input type="radio"/> I will not be able to apply the information to my work
<input type="radio"/> Grant writing/Fundraising	<input type="radio"/> Other (Please describe): _____

Please provide a specific example: _____

Optional Questions (choose up to 24)

Publication (3 questions per publication, up to 2 publications)

- My opinion was valued in reviewing [Name of Publication]
- I appreciated the chance to help the Center for States create [Name of Publication]
- The information provided in the [Name of Product] helped me to understand [topic].
- I will share what I learned [on the Capacity Building Center for States webpage, from [Name of Product], during [Name of Learning Experience/Module] with others.

SKIP PATTERN: If Somewhat Agree, Agree, or Strongly Agree are selected for item above ask:

If so, how and with what groups of colleagues will you share what you learned?

Please provide the number of people that you are planning to share with/have shared with?

SKIP PATTERN: If Neither Agree nor Disagree, Somewhat Disagree, Disagree, or Strongly Disagree are selected for item above ask:

If not, why not?

Learning Experience (6 questions per L.E., up to 1 publications)

- The [Name of Learning Experience] has increased my knowledge about [Topic 1]. (Insert/delete as many topics as necessary)
- The [Name of Learning Experience] has increased my practical skills regarding [Topic 1]. (Insert/delete as many topics as necessary)
- As a result of the [information I learned, knowledge I gained] through the [Name of Learning Experience], I have been more effective in my work.
- I will share what I learned [on the Capacity Building Center for States webpage, from [Name of Product], during [Name of Learning Experience/Module] with others.

- *SKIP PATTERN: If Somewhat Agree, Agree, or Strongly Agree are selected for item above ask:*
If so, how and with what groups of colleagues will you share what you learned?
Please provide the number of people that you are planning to share with/have shared with?
SKIP PATTERN: If Neither Agree nor Disagree, Somewhat Disagree, Disagree, or Strongly Disagree are selected for item above ask:
If not, why not? Please select the various ways you [*insert have already applied the information, plan to apply the information*] from the [Name of Peer Networking Activity, Event, or Webinar] in your work.
(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Increase my knowledge | <input type="checkbox"/> Train staff/colleagues |
| <input type="checkbox"/> Inform my attitudes | <input type="checkbox"/> Conduct research & evaluation |
| <input type="checkbox"/> Support program improvement | <input type="checkbox"/> Create new programs |
| <input type="checkbox"/> Support policy development | <input type="checkbox"/> Create new tool |
| <input type="checkbox"/> Provide information to clients/families | <input type="checkbox"/> My own professional development |
| <input type="checkbox"/> Provide information to my peers | <input type="checkbox"/> I have not yet applied this to my work |
| <input type="checkbox"/> Support public awareness/advocacy efforts | <input type="checkbox"/> I will not be able to apply the information to my work |
| <input type="checkbox"/> Grant writing/Fundraising | <input type="checkbox"/> Other (Please describe): _____ |

Please provide a specific example: _____

- I feel confident in my ability to [Insert the name of the skill/topic] as a result of my participation in []
- I feel prepared to do this work as a result of my participation in [Name of Learning Experience, Name of Peer Networking Activity].
- What additional training would be useful for you or your organization?

Webinar/Event (6 questions per webinar/event, up to 3 webinar/event)

- The [Name of Webinar] has increased my knowledge about [Topic 1]. (Insert/delete as many topics as necessary)
- The [Name of Webinar] has increased my practical skills regarding [Topic 1]. (Insert/delete as many topics as necessary)
- The [Name of Webinar] has motivated me to continue learning in this topic area.
- As a result of the [information I learned, knowledge I gained] through the [Name of Webinar], I will be a more effective in my work.
- Please select the various ways you [*insert have already applied the information, plan to apply the information*] from the [Name of Peer Networking Activity, Event, or Webinar] in your work. (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Increase my knowledge | <input type="checkbox"/> Train staff/colleagues |
| <input type="checkbox"/> Inform my attitudes | <input type="checkbox"/> Conduct research & evaluation |
| <input type="checkbox"/> Support program improvement | <input type="checkbox"/> Create new programs |
| <input type="checkbox"/> Support policy development | <input type="checkbox"/> Create new tool |
| <input type="checkbox"/> Provide information to clients/families | <input type="checkbox"/> My own professional development |
| <input type="checkbox"/> Provide information to my peers | <input type="checkbox"/> I have not yet applied this to my work |
| <input type="checkbox"/> Support public awareness/advocacy efforts | <input type="checkbox"/> I will not be able to apply the information to my work |
| <input type="checkbox"/> Grant writing/Fundraising | <input type="checkbox"/> Other (Please describe): _____ |

Please provide a specific example: _____

- What additional training would be useful for you or your organization?
- I will share what I learned [on the Capacity Building Center for States webpage, from [Name of Product], during [Name of Learning Experience/Module] with others.

SKIP PATTERN: If Somewhat Agree, Agree, or Strongly Agree are selected for item above ask:

If so, how and with what groups of colleagues will you share what you learned?

Please provide the number of people that you are planning to share with/have shared with?

SKIP PATTERN: If Neither Agree nor Disagree, Somewhat Disagree, Disagree, or Strongly Disagree are selected for item above ask:

If not, why not?

Constituency Groups (7pt likert scale)

- The technology (I.E. list serve, CapSHARE, Web platforms) enhanced the [Name of Peer Networking Group].
- The time allotted was appropriate for meeting the [Name of Peer Networking Group] goals.
- I liked the format of this [Name of Peer Networking Group].
- Trainer/Presenter/Consultant 1 (insert/delete as many trainers/presenters/consultants as necessary): The knowledge and expertise of this trainer/presenter/consultant were appropriate for this [Name of Peer Networking Group].
- Trainer/Presenter/Consultant 1 (insert/delete as many trainers/presenters/consultants as necessary): The trainer/presenter/consultant tailored and delivered the content of the [Name of Peer Networking Group] effectively.
- The trainer/facilitator helped me to see how the [Name of Peer Networking Group] can be applied to my work.
- The trainer/facilitator provided sufficient opportunities to practice new information/skills.
- The [Name of Peer Networking Group] has motivated me to continue learning in this topic area.
- As a result of the [information I learned, knowledge I gained] through the [Name of Peer Networking Group], I will be a more effective in my work.
- I feel prepared to do this work as a result of my participation in [Name of Peer Networking Group].
- The leadership in our organization is interested in hearing my ideas about how we can improve agency results.
- I have a way of sharing my ideas to improve practices, policies or results for children and families.
- We are encouraged to work with staff in other departments to solve problems.
- I have opportunities to learn new things that will help me improve my work.
- I feel empowered to try different strategies that might improve outcomes for children and families.
- We work as a team in my office to understand and improve outcomes for children and families.
- We share learning across the state and between regions.
- I feel confident in my ability to [Insert the name of the skill/topic] as a result of my participation in [Name of Peer Networking Group]
- My agency will support me in applying the knowledge and skills I learned in [Name of Peer Networking Group] to my work.

Open-ended questions:

- What did you primarily use CapSHARE for?
- What suggestions do you have for making CapSHARE more useful?
- Was [Title of Activity 1] helpful? If so, why, and if not, how can they be improved?
Pick one or two appropriate training activities
- What additional assistance do you or your organization need with this topic?

- What additional information or resources can you recommend on this topic?
- Do you have any additional comments?

Response choice questions:

How often do I anticipate (or am I) applying what was learned?

- Daily
- Weekly
- Monthly
- Quarterly
- Annually
- Never

As a result of this/Prior to this [Name of Peer Networking Group] over the past 6 months I have engaged with other attendees outside of official activities

- Never
- Once
- Every Few Months
- Monthly
- A Few Times a Month
- Weekly
- Two to Three Times a Week

Which of the following best describes your professional background or role? (Check all that apply)

- | | |
|--|--|
| <input type="radio"/> Prevention/Family Support | <input type="radio"/> Health/Mental Health |
| <input type="radio"/> Child Protective Services | <input type="radio"/> Legal/Courts (e.g., GAL, CASA, attorney) |
| <input type="radio"/> Juvenile Justice | <input type="radio"/> Public Information Officer |
| <input type="radio"/> Adoption | <input type="radio"/> Youth |
| <input type="radio"/> Youth Services | <input type="radio"/> Researcher/Evaluator/Consultant |
| <input type="radio"/> Birth Parent (First Parent) | <input type="radio"/> Media |
| <input type="radio"/> Foster Care/Foster Parenting | <input type="radio"/> Other (Please describe) |
| <input type="radio"/> Kinship caregiver | |

Which of the following best describes your workplace? (Check one)

- | | |
|--|--|
| <input type="radio"/> State public agency | <input type="radio"/> Tribal agency/organization |
| <input type="radio"/> Local or county public agency/organization | <input type="radio"/> Training and technical assistance provider |
| <input type="radio"/> Federal agency | <input type="radio"/> Capacity Building Center for States |
| <input type="radio"/> Non-profit (e.g. community-based organization, faith-based organization, advocacy) | <input type="radio"/> Capacity Building Center for Tribes |
| <input type="radio"/> Legislature | <input type="radio"/> Capacity Building Center for Courts |
| | <input type="radio"/> Other (Please describe) |

Which of the following best describes your position? (Check one)

- | | |
|--|---|
| <input type="radio"/> Administrative Leadership (directors/deputies) | <input type="radio"/> Court/Attorney Data Managers & IT Staff |
| <input type="radio"/> Training Department | <input type="radio"/> Foster Care Managers |
| <input type="radio"/> Supervisors | <input type="radio"/> Adoption Managers |
| <input type="radio"/> Case Workers/Direct Practice Workers | <input type="radio"/> Intern/Volunteer |
| <input type="radio"/> Data Managers & IT staff | <input type="radio"/> Other (Please describe) |

How many years of service do you have in your current profession? (Check one)

- Less than 1 year
- 1–5 years of service
- 6–10 years of service
- 11–15 years of service
- 16+ years of service

How did you learn about the [Name of Peer Networking Group]? (Check all that apply)

- Capacity Building Collaborative webpage
- Center's Liaison
- Listserv
- Colleague who is familiar with Center's resources
- Hard-copy publication
- Advertisement (please specify)
- Search engine (e.g., Google, Yahoo)
- Social media (e.g., Facebook, Twitter, YouTube)
- Conference or presentation (please specify)
- Link from another webpage (please specify)
- Other (please specify): _____

How often do you <visit the Capacity Building Center for States webpage/ use Information & Referral Services>? (Check one)

- I am a first time visitor
- Rarely (Every few months or less often)
- About once a month
- Every week
- Every few days
- Once a day or more

I am involved in the following aspect of the Center for States capacity building services:

- Select all that apply:
- State team working with liaison
- Participating in constituency group
- Registered for one of the Center's learning
- Experiences (such as the CQI Training Academy, etc.)