INSTRUMENT 6

PARTNER NETWORK SURVEY

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# C.1. INSTITUTIONAL ANALYSIS OF AMERICAN JOB CENTERS

# PARTNER NETWORK SURVEY

OMB No. <xxxx-xxxx>

Expiration Date <Day, Month, 201x>

**Public burden statement.** 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 Office of Management and Budget (OMB) control number. The OMB control number for this project is <OMB control number>. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to [mailing address for DOL Office of the Assistant Secretary for Administration Management].

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**DEFINITIONS:**  
**AJC** – American Job Center is a general term given to locations where workforce services are delivered. Such locations could have a different and specific name in your area, such as One-Stop Career Centers or Job or Career Link Centers.  
  
**Customers** – individual job-seekers, employers, or any person or entity you consider a customer of services connected with the AJC.

**AMERICAN JOB CENTER**

**PARTNER NETWORK SURVEY**

This brief survey is designed to help us understand the type and extent of interaction you have with other organizations or entities that also provide services to customers of the American Job Center in your region.

These organizations’ names have been prefilled in the survey. Please answer each question for each of the organizations listed to the best of your ability.

Completion of the survey should take no more than 10 minutes. Your responses will be kept private to the extent of the law. Findings from the survey will be reported in aggregate form only so that no person can be identified.

**Job Title:**

**Organization:**

**City, State:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Within the past year, about how frequently did your organization have direct contact (such as meetings, telephone calls, or emails) with each of the following organizations about management and delivery of services to American Job Center (AJC) customers?** | | | | | |
|  | **a** | **b** | **c** | **d** | **e** | **f** |
|  | **Never** | **Once or twice a year** | **Every month or two** | **Every week or two** | **More than once a week** | **Don’t know** |
| **[AJC Partner 1]** |  |  |  |  |  |  |  |
| **[AJC Partner 2]** |  |  |  |  |  |  |  |
| **[AJC Partner 3]** |  |  |  |  |  |  |  |
| **[AJC Partner 4]** |  |  |  |  |  |  |  |
| **[AJC Partner 5]** |  |  |  |  |  |  |  |
| **[AJC Partner 6]** |  |  |  |  |  |  |  |
| **[AJC Partner 7]** |  |  |  |  |  |  |  |
| **[Fill additional AJC Partners]** |  |  |  |  |  |  |  |

**QUESTION 1**

**DIRECTIONS:**

For each row, please place an X in the column that best answers the question.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
|  |  | **Which category best describes the current relationship between your organization and each of the following organizations with regard to management and delivery of services to AJC customers?**   * **Not Linked = We do not work together at all and have independent goals.** * **Communication = We share information only when it is advantageous to either or both programs (independent goals; aware of organization; undefined roles; infrequent, intermittent communication; or decisions made independently).** * **Cooperation = We share information and work together when any opportunity arises (independent goals; temporary, loosely defined roles; periodic, formal communication; or decisions made independently).** * **Coordination = We coordinate efforts to prevent overlap, but perform tasks as separate organizations (limited shared goals; defined roles; regular communication; some shared decision making).** * **Collaboration = We actively pursue opportunities to work together as an informal team (specific common goals; shared ideas and resources; defined roles; frequent, prioritized communication; joint input on strategic decisions).** * **Fully linked = We work together as a formal team with specified responsibilities to achieve common goals (broad shared mission; sharing of staff and/or funding resources; formal roles; ongoing communication based on mutual trust; consensus on strategic decisions).** | | | | | |
|  | **a** | **b** | **c** | **d** | **e** | **f** |
|  | **Not Linked** | **Communication** | **Cooperation** | **Coordination** | **Collaboration** | **Fully Linked** |
| **[AJC Partner 1]** |  |  |  |  |  |  |  |
| **[AJC Partner 2]** |  |  |  |  |  |  |  |
| **[AJC Partner 3]** |  |  |  |  |  |  |  |
| **[AJC Partner 4]** |  |  |  |  |  |  |  |

**QUESTION 2**

**QUESTION 2**

**DIRECTIONS:**

For each row, please place an X in the column that best answers the question.

**DIRECTIONS:**

For each row, please place an “X” in the column that best answers the question.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Does your organization send or receive referrals with the following organizations?** | | | | |
|  | **a** | **b** | **c** | **d** | **e** |
|  | **Sends referrals to** | **Receives referrals from** | **Both sends and receives referrals** | **Neither sends nor receives referrals** | **Don’t know** |
| **[AJC Partner 1]** |  |  |  |  |  |  |
| **[AJC Partner 2]** |  |  |  |  |  |  |
| **[AJC Partner 3]** |  |  |  |  |  |  |
| **[AJC Partner 4]** |  |  |  |  |  |  |
| **[AJC Partner 5]** |  |  |  |  |  |  |
| **[AJC Partner 6]** |  |  |  |  |  |  |
| **[AJC Partner 7, and so on]** |  |  |  |  |  |  |

**DIRECTIONS:**

For each row, please place an X in the column that best answers the question.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Does your organization send or receive referrals with the following organizations?** | | | | |
|  | **a** | **b** | **c** | **d** | **e** |
|  | **Sends referrals to** | **Receives Referrals from** | **Both sends and receives referrals** | **Neither sends nor receives referrals** | **Don’t know** |
| **[AJC Partner 1]** |  |  |  |  |  |  |
| **[AJC Partner 2]** |  |  |  |  |  |  |
| **[AJC Partner 3]** |  |  |  |  |  |  |
| **[AJC Partner 4]** |  |  |  |  |  |  |
| **[AJC Partner 5]** |  |  |  |  |  |  |
| **[AJC Partner 6]** |  |  |  |  |  |  |
| **[AJC Partner 7, etc.]** |  |  |  |  |  |  |

**DIRECTIONS:**

For each row, please place an “X” in the column that best answers the question.

**QUESTION 3**

**QUESTION 2**

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