Attachment 11: Respondent Information Form Frontline and Partner Staff  
  
Linking to Employment Activities Pre-Release (LEAP) Evaluation

Site Visit Protocols

*March 2016*

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OMB No.: xxxx-xxxx

Expiration Date: xx/xx/xxxx

Respondent Information Form

Frontline and Partner Staff Focus Groups

A1. What is the highest level of education you have completed?

**A. STAFF BACKGROUND AND RESPONSIBILITIES**

Mark one only

1 □High school diploma or equivalent

2 □ Some college

3 □ Associate’s degree or vocational degree

4 □ Bachelor’s degree

5 □ Master’s degree or higher

A2. How long have you been employed at your current organization?

| | | years and | | | months

A3. How long have you been employed at your current position?

| | | years and | | | months

A4. How many years of experience do you have working with individuals with criminal or delinquent backgrounds?

| | | years

A5. How many years of experience do you have in workforce development?

| | | years

A6. What is your current work status?

Mark one only

1 □Full-time employee (30 hours per week or more)

2 □ Part-time employee (1 to 29 hours per week)

3 □ Consultant contract

A7. Which of the following represent your primary activities for the LEAP program?

*Please only mark services that you provide directly.*

Mark All That Apply

1 □Participant recruitment

2 □ Screening potential participants for eligibility

3 □ Providing case management services, including initial needs assessment

4 □ Providing job readiness training or services

5 □ Providing job search or job retention assistance

6 □Connecting participants to employment services in the community AJC

7 □ Connecting participants to support services in the community

8 □ Collecting or entering data for program management or reporting

9 □ Supervising LEAP program staff

10 □ Building relationships with employers

11 □ Providing adult education or GED services

12 □ Providing occupational skills training

13 □ Providing mental health or substance abuse services

14 □ Monitoring probation or parole compliance

15 □ Other *(specify)*

A8. During a typical work week, about what percentage of your time is spent on LEAP activities/services?

| | | | percent of the time

A9. During a typical work week, what is your average LEAP caseload size?

|  |
| --- |
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| | | | participants

B1. What is your gender?

**B. STAFF DEMOGRAPHICS**

Mark one only

1 □Female

2 □ Male

3 □ Other

B2. What is your age?

1 □30 years old or younger

2 □ 31 – 40 years old

3 □ 41 – 50 years old

4 □ 51 – 60 years old

5 □ 61 years old or older

B3. Are you Hispanic or Latino?

1 □Yes

0 □ No

B4. What is your race?

Mark All That Apply

1 □American Indian or Alaska Native

2 □ Asian

3 □ Black, African American

4 □ Native Hawaiian or other Pacific Islander

5 □ White

6 □ Other *(specify)*