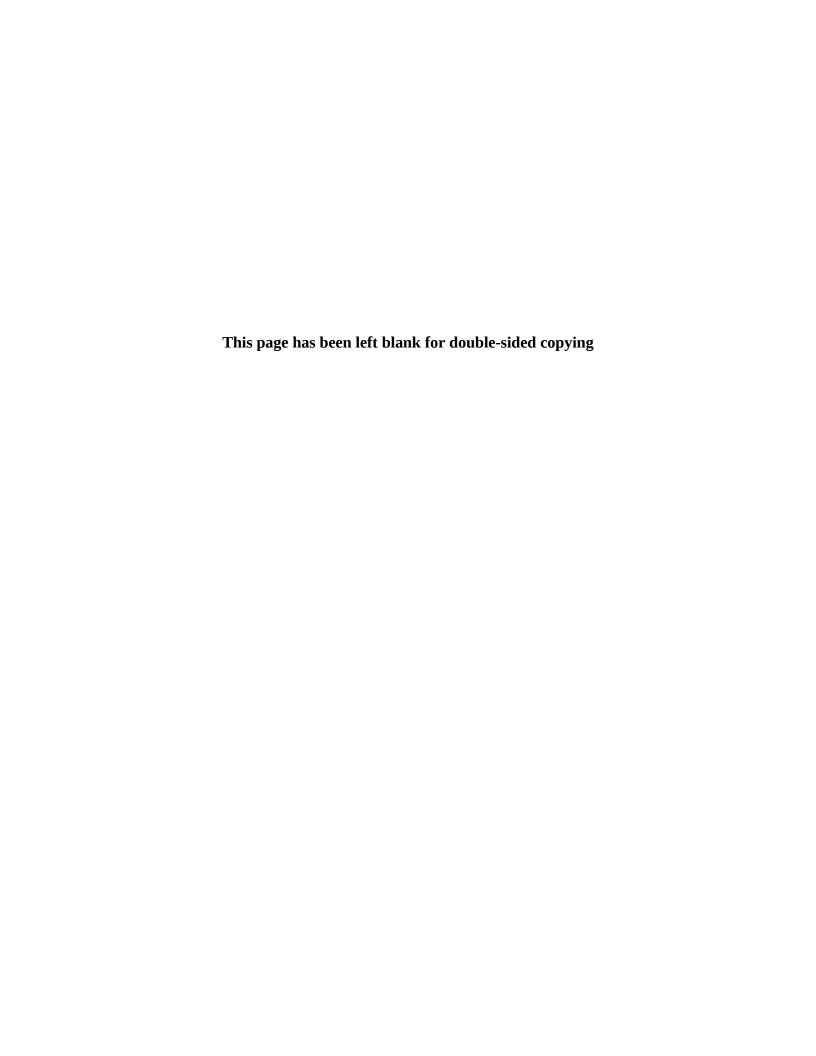
Attachment 11: Respondent Information Form Frontline and Partner Staff

Linking to Employment Activities Pre-Release (LEAP) Evaluation

Site Visit Protocols

March 2016



OMB No.: xxxx-xxxx
Expiration Date: xx/xx/xxxx

Respondent Information Form Frontline and Partner Staff Focus Groups

| Frontiine and F | Partner Staff Focus Groups | |
|--|--|--|
| | | |
| 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? | 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 | |
| A3. How long have you been employed at your current position? | ₅ □ Providing job search or job retention assistance ₀ □ Connecting participants to employment services in the community AJC | |
| _ YEARS AND _ MONTHS | Connecting participants to support services in the community Collecting or entering data for program management or reporting | |
| A4. How many years of experience do you have working with individuals with criminal or delinquent backgrounds? YEARS | Supervising LEAP program staff Building relationships with employers Providing adult education or GED services Providing occupational skills training | |
| A5. How many years of experience do you have i workforce development? YEARS | in Providing mental health or substance abuse services 14 Monitoring probation or parole compliance 15 Other (specify) | |
| A6. What is your current work status? MARK ONE ONLY 1 Full-time employee (30 hours per week or r 2 Part-time employee (1 to 29 hours per week 3 Consultant contract | | |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is xxxxxxxx. The time required to complete this collection of information and the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NAME at xxxxxxxxxxx or NAME@____gov and reference the OMB Control Number xxxxxxxxxxx.

| B. STAFF DEMOGRAPHICS | | |
|-----------------------|--|--|
| B1. | What is your gender? MARK ONE ONLY 1 Female 2 Male 3 Other | |
| B2. | What is your age? 1 \square 30 years old or younger 2 \square 31 – 40 years old 3 \square 41 – 50 years old 4 \square 51 – 60 years old 5 \square 61 years old or older | |
| В3. | Are you Hispanic or Latino? | |
| B4. | What is your race? MARK ALL THAT APPLY American Indian or Alaska Native | |