

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

MATHEMATICA
 Policy Research

**Respondent Information Form
 Frontline and 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?

|_|_| 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?

|_|_|_| PARTICIPANTS

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B. STAFF DEMOGRAPHICS**B1. What is your gender?**

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*) _____