

INSTRUMENT 6
PARTNER NETWORK SURVEY

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OMB NO. XXXX-XXX

Expiration Date XX/XX/20XX

National Evaluation of the Performance Partnership Pilots for Disconnected Youth (P3)

Partner Network Survey

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 xxxx-xxxx. 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 Office of the Assistant Secretary for Administration and Management, U.S. Department of Labor, 200 Constitution Avenue, N.W., Suite S-2203, Washington, DC 20210.

<p>Job Title:</p> <p>Agency:</p> <p>Responsibility:</p> <p>State:</p>

**NATIONAL EVALUATION OF THE
PERFORMANCE PARTNERSHIP PILOTS FOR DISCONNECTED YOUTH (P3)**

PARTNER NETWORK SURVEY

Mathematica is conducting this brief survey on behalf of the U.S. Department of Labor. It is designed to help us understand the types of contacts you had or currently have with people in other organizations that also are involved in providing services to disconnected youth through the P3 intervention.

The names of these other organizations have been prefilled in the survey. However, if there are other organizations that you believe are members of the P3 intervention that are not included, please add them in the boxes marked "Other [please specify]." Please save your completed survey and return it via email to <P3 email address>.

Completion of the survey should take no more than 10 minutes. Your name and 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.

DIRECTIONS:

For each row, please select one box that best answers the question.

Since the beginning of P3, about how frequently have YOU had direct contact (meetings, telephone calls, or emails) with staff of each of the following organizations in carrying out your work in serving disconnected youth?

	Never	A few times a year	Every month or two	Every week or two	Once a week or more
[Lead agency name]					
[Education agency name]					
[Social service agency name]					
[Community college name]					
[Local workforce agency name]					
[Library name]					
[Other partner name]					
[Other partner name]					
Other [please specify]: _____					
Other [please specify]: _____					
Other [please specify]: _____					

QUESTION 1

How has your communication with each agency **changed** since before you were involved with P3?

	Increased	No change	Decreased

QUESTION 2

To what extent has each of the following organizations helped YOU carry out your work in serving disconnected youth?

	Not at all	To some extent	To a considerable extent

QUESTION 3

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