**OMB Control No.: xxxx-xxxx**

**Expiration Date: xx/xx/20xx**

# **Proposed** **CapLEARN Registration Fields**

Public reporting burden for this collection of information is estimated to be 5 minutes per response to complete this questionnaire. 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 OMB control number.

CapLEARN is designed to promote learning and support professional development. Please take a moment to create a CapLEARN account. The information that you share will be only be used to help us evaluate and improve our products and services. In some cases, we may contact you to learn about your experience with CapLEARN. Your privacy is important. Your personal information, participation, and CapLEARN scores will be kept confidential, unless you choose to share them (for example, to create a certificate of completion that can be used to apply for Continuing Education Units).

**Fields marked with an asterisk (\*) are required.**

**Section 1**

|  |  |
| --- | --- |
| **New CapLEARN Field Name** | **New CapLEARN Field Type** |
| First Name\* | Text |
| Last Name\* | Text |
| Address (Select One)\* | Picklist (All states, U.S. territories) |
| E-mail address\* | Text |
| E-mail address confirmation\* | Text |
| Age (Select One) | 19 or under  20-29  30-39  40-49  50-59  60-69  70 or over |
| Gender (Select One) | Female  Male  Transgender |
| Race/Ethnicity (Select All That Apply) | American Indian/Alaska Native  Asian  Black/African American  Hawaiian/Other Pacific Islander  Hispanic/Latino  White  Other |
| ***Which best describes you?* (Select All That Apply)\*** | Child Welfare Professional  Other Health or Human Services Professional  Legal Professional  Education Professional  Student/Intern  Current or Former Foster Youth  Biological Parent/Relative Caregiver/Family Member  Non-Relative Foster or Adoptive Family Member  Community Member/Community Leader/Tribal Elder  Other |
| ***Which best describes your employer/organization?* (Select One)\*** | Not Applicable |
| State Child Welfare Agency |
| County Child Welfare Agency |
| Territorial Child Welfare Agency |
| Tribal Child Welfare Agency |
| State or County Court/Legal System |
| Tribal Court/Legal System |
| Private or Community-based Child Welfare Agency |
| Local Government/Tribal Council |
| Law Enforcement Organization |
| Primary Care/Health Care Services Provider |
| Behavioral/Mental Health Services Provider |
| Substance Abuse Services Provider |
| Domestic Violence Services Provider |
| Juvenile Justice Organization |
| Primary/Secondary Education |
| College/University |
| Technical Assistance Provider |
| Federal Government |
| Other |
| Employer/Organization | Text |
| Job Title | Text |
| **Section 2** |  |
| **New CapLEARN Field Name** | **New CapLEARN Field Type** |
| ***What is your primary role in the agency (Select One)\**** | Agency Director/Deputy Director  Program/Middle Manager  Supervisor  Caseworker/Direct Practice Worker/Frontline staff  Parent Partner  Other |
| ***Which of the following best describes your primary work responsibilities in the agency? (Select Up to Three)\**** | Administration  Workforce Development/Training  Continuous Quality Improvement/Evaluation  Information Technology/SACWIS/Data Systems  Indian Child Welfare Act  Primary or Secondary Prevention  Child Protective Services  In-home Services/Promoting Safe and Stable Families  Foster Care/Placement/Licensing/Reunification  Adoption/Guardianship  Youth in Transition/Chafee/Independent Living Programs  Other |
| ***Which of the following best describes your primary role?* (Select One)\*** | CIP or TCIP Director/Coordinator  CIP or TCIP Staff  Judge  Attorney for Child Welfare Agency  Attorney for Parent  Attorney for Child  Attorney Guardian Ad Litem  Court Administrative Officer  Court/Attorney Data Manager/IT Staff  Court Appointed Special Advocate/Non-attorney GAL/Advocate  Court Case Worker/Social Worker  Other |
| ***Which of the following best describes your primary role? (Select One)\**** | Dean/Director/Administrator  Teaching Faculty  Training Academy Leadership/Staff  Research Faculty/Staff (non-teaching role)  Student  Other |
| **Section 3** |  |
| **New CapLEARN Field Name** | **New CapLEARN Field Type** |
| ***For which State, County, or Territorial Government, do you work or provide contracted services? (Select All That Apply)\**** | Not Applicable  Picklist (All States and U.S. Territories)  Other |
| ***For which Tribe or Tribal Consortia do you work or provide contracted services? (Select All That Apply)\**** | Not Applicable  Picklist (All title IV-B and IV-E Tribes)  Other |

**Section 4**

|  |  |
| --- | --- |
| **New CapLEARN Field Name** | **New CapLEARN Field Type** |
| ***How many years of experience do you have working in child welfare? (Select One)\**** | * Not Applicable * Less than 1 year * 1–5 years of service * 6–10 years of service * 11–15 years of service * 16+ years of service |
| ***What was the highest level of education you completed? (Select One)\**** | * Some K-12 education (or equivalent) * High school graduate (or equivalent) * Some college (1-4 years, no degree) * Associate’s degree (including occupational or academic degrees) * Bachelor’s degree (BA, BS, AB, BSW, etc.) * Master’s degree (MA, MS, MSW, etc.) * Professional degree (MD, DDC, JD, etc.) * Doctoral degree (PhD, EdD, etc.) |
| ***If you have a degree in social work, what type of degree do you have? (Select All That Apply)\**** | * Not applicable * BSW or equivalent * MSW or equivalent * PhD or DSW |
| ***In a sentence or two please share why you are registering for CapLEARN?*** | Text |