**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 under20-2930-3940-4950-5960-6970 or over |
| Gender (Select One) | FemaleMaleTransgender |
| Race/Ethnicity (Select All That Apply) | American Indian/Alaska NativeAsianBlack/African AmericanHawaiian/Other Pacific IslanderHispanic/LatinoWhiteOther |
| ***Which best describes you?* (Select All That Apply)\*** | Child Welfare ProfessionalOther Health or Human Services ProfessionalLegal ProfessionalEducation ProfessionalStudent/InternCurrent or Former Foster YouthBiological Parent/Relative Caregiver/Family MemberNon-Relative Foster or Adoptive Family MemberCommunity Member/Community Leader/Tribal ElderOther |
| ***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 DirectorProgram/Middle ManagerSupervisorCaseworker/Direct Practice Worker/Frontline staffParent PartnerOther |
| ***Which of the following best describes your primary work responsibilities in the agency? (Select Up to Three)\**** | AdministrationWorkforce Development/TrainingContinuous Quality Improvement/EvaluationInformation Technology/SACWIS/Data SystemsIndian Child Welfare Act Primary or Secondary PreventionChild Protective Services In-home Services/Promoting Safe and Stable FamiliesFoster Care/Placement/Licensing/ReunificationAdoption/Guardianship Youth in Transition/Chafee/Independent Living ProgramsOther |
| ***Which of the following best describes your primary role?* (Select One)\*** | CIP or TCIP Director/CoordinatorCIP or TCIP Staff JudgeAttorney for Child Welfare AgencyAttorney for ParentAttorney for ChildAttorney Guardian Ad LitemCourt Administrative OfficerCourt/Attorney Data Manager/IT StaffCourt Appointed Special Advocate/Non-attorney GAL/AdvocateCourt Case Worker/Social WorkerOther |
| ***Which of the following best describes your primary role? (Select One)\**** | Dean/Director/AdministratorTeaching FacultyTraining Academy Leadership/StaffResearch Faculty/Staff (non-teaching role)StudentOther |
| **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 ApplicablePicklist (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 ApplicablePicklist (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 |