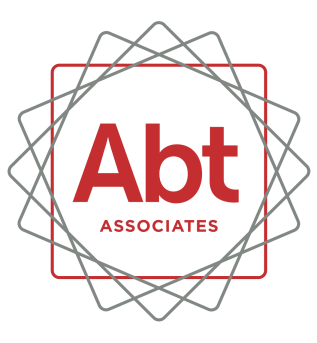
OMB No.: 0970-0440

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Job Search Assistance Strategies Evaluation

Staff Survey Questionnaire

March 2017

**As you may know, [Ramsey County] is participating in an implementation study as part of the Job Search Assistance (JSA) Strategies Evaluation, funded by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services. The study will document the design and implementation of the [Program Name]. ACF has contracted with Abt Associates and Mathematica Policy Research to conduct the evaluation.**

**As part of the JSA evaluation, we are asking program staff who work with TANF recipients to complete a brief survey to help us better understand the types of services provided as part of the [Program Name]. The length of time to complete this survey is will vary by person, but is expected to take about 5-10 minutes on average. Your participation in this survey is important and will help us understand more about the services provided to TANF recipients.**

**Your responses will be kept private and used only for research purposes. They will be combined with the responses of other staff and no individual names will be reported. Information you provide will not be shared with other program staff, including your supervisor. Only the evaluation team will have access to the information you provide through the survey.**

**Participation in the survey is voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering.**

**If you have any questions about the survey, please do not hesitate to contact [NAME] at Mathematica by calling 1-866-236-3257 or emailing** [**JSASurvey@mathematica-mpr.com**](mailto:xxxxxxx@mathematica-mpr.com)**.**

**Thank you in advance for your assistance in completing this survey and providing important information about the study.**

|  |
| --- |
| According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection will be entered after clearance. The time required to complete this information collection is estimated to average 25-30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. |

**A. ORGANIZATIONAL AND STAFF BACKGROUND**

A1. What is the name of your organization?

A3. What is your title?

A6. How long have you been working in this position of [title from A3] at [name of the TANF program]?

| | | / | | |

years months

A7. How long have you worked for [organization NAME FROM A1]?

| | | / | | |

years months

A10. On average, how many hours per week do you work at your job at [organization NAME FROM A1]?

| | | | hours per week

**B. TYPES OF [PROGRAM NAME] SERVICES PROVIDED**

B1. Using a scale of 1 to 5, where 1 = Never and 5 = Always, please indicate how often these topics are covered with TANF recipients?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | | |
|  | **NEVER** | **RARELY** | **SOMETIMES** | **OFTEN** | **ALWAYS** |
| a. Identify the customer’s strengths and weaknesses | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Use the Bridge [or ESQ] to identify areas the customer wants to improve | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. Identify and revisit the customer’s goal(s) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. Walk customer through the process of breaking down the “SMART” goal into small achievable steps | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| e. Discuss barriers to accomplishing identified goals and possible solutions | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| f. Discuss strategies to accommodate weak executive skills | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| g. Identify the specific task(s) that the customer will work on prior to the next meeting | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| h. Review the customer’s progress on his/her task(s) identified during the previous meeting | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| i. Recognize the customer’s successes in making progress toward or completing his/her goal | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| j. Discuss strategies for future success if a customer is not making progress | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
|  |
|  |
|  |  |  |  |  |  |

[

]

B2. Please indicate about how often you use the following [PROGRAM NAME] with TANF recipients.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | | |
|  | **NEVER** | **RARELY** | **SOMETIMES** | **OFTEN** | **ALWAYS** |
| a. Getting to Know You Questionnaire | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Executive Skills Questionnaire [TOOL NAME] | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. My Profile [TOOL NAME] | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. My Bridge of Strength | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| e. My Pathway [TOOL NAME] | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| f. My Task-Plan-Do-Review | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| g. Strategies for Success Guide [TOOL NAME] | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| h. The Goal Action Plan (GAP) [TOOL NAME] | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
|  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
|  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| k. Other, please describe: | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
|  |  |  |  |  |  |

B3. Please indicate about how valuable you find each of these tools in helping TANF recipients moving to self-sufficiency.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | | |
|  | **Not Valuable** | **Rarely Valuable** | **Somewhat Valuable** | **Valuable** | **Extremely Valuable** |
| a. Getting to Know You Questionnaire | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Executive Skills Questionnaire [TOOL NAME] | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. My Profile [TOOL NAME] | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. My Bridge of Strength | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| e. My Pathway [TOOL NAME].…………………. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| f. My Task-Plan-Do-Review | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| g. Strategies for Success Guide [TOOL NAME] | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| h. The Goal Action Plan (GAP) [TOOL NAME] | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| i. Other, please describe: | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

B4. Please indicate how much time it takes on average to complete each of the following [PROGRAM NAME] tools:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | SELECT ONE RESPONSE PER ROW | | | |
|  | **Don’t Use this Tool** | **1-10 minutes** | **11-20 minutes** | **21-30 minutes** | **more than 30 minutes** |
| a. Getting to Know You Questionnaire | 0 □ | 0 □ | 1 □ | 2 □ | 3 □ |
| b. Executive Skills Questionnaire [TOOL NAME] | 0 □ | 0 □ | 1 □ | 2 □ | 3 □ |
| c. My Profile [TOOL NAME] | 0 □ | 0 □ | 1 □ | 2 □ | 3 □ |
| d. My Bridge of Strength | 0 □ | 0 □ | 1 □ | 2 □ | 3 □ |
| e. My Pathway [TOOL NAME] | 0 □ | 0 □ | 1 □ | 2 □ | 3 □ |
| f. My Task-Plan-Do-Review (to complete for a new task) | 0 □ | 0 □ | 1 □ | 2 □ | 3 □ |
| g. My Task-Plan-Do-Review (to review task progress) | 0 □ | 0 □ | 1 □ | 2 □ | 3 □ |
| h. Review of Strategies for Success Guide [TOOL NAME]  i. Review of the Goal Action Plan (GAP) [TOOL NAME]  j. Other, please describe | 0 □  0 □  0 □ | 0 □  0 □  0 □ | 1 □  1 □  1 □ | 2 □  2 □  2 □ | 3 □  3 □  3 □ |

**The next questions are about your overall *opinions* on the [PROGRAM NAME] activities and tools. These ask more broadly about the approach and philosophy of the [PROGRAM NAME] activities, including the revised employment services orientation and executive-skills based coaching and tools including the [TOOL NAMES].**

B5. Using a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, please indicate your agreement with the following statements about the [PROGRAM NAME] tools and the revised employment services orientation.

|  | SELECT ONE RESPONSE PER ROW | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** |
| **[PROGRAM NAME] coaching and tools** |  |  |  |  |  |
| a. Coaching and tools help TANF recipients set realistic goals based on their executive skills ………………………. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. I consider TANF recipients’ executive skills often when working with them to set goals and develop action steps. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. The coaching and tools help TANF recipients break large goals into smaller, achievable steps…………………. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. Breaking goals into smaller steps helps TANF recipients achieve their goals……………………………………………. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| e. The [PROGRAM NAME] approach helps TANF recipients move to employment quickly…………………………………….. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| f. The [PROGRAM NAME] helps TANF recipients find a job that is a good fit for them…………………………………………….. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| g. The [PROGRAM NAME] tools are easy to use………………….. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| h. I generally use the [PROGRAM NAME] tools when working with TANF recipients……………………………………………… | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| i. The [PROGRAM NAME] tools are valuable in developing strategies to move TANF recipients to employment……… | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| j. The [PROGRAM NAME] coaching is a better way to work with TANF recipients than our previous approach…………..… | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Revised employment services orientation** |  |  |  |  |  |
| k. The revised orientation is an improvement upon the old orientation | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| l. The revised orientation helps TANF recipients develop SMART goals | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| m. The revised orientation helps TANF recipients better understand the goals of the TANF program and the services available. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| n. The revised orientation helps TANF recipients focus on key program elements by reducing the amount of paperwork. T | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

**C. JOB SEARCH ASSISTANCE STAFF RESPONSIBILITIES**

C1a. In your position of [insert title from A3] at [name of the TANF program], are you responsible for working with a number of TANF recipients on an ongoing basis (i.e., do you carry a “caseload”)?

1 □ Yes

0 □ No **GO TO QC2 [GO TO END]**

C1b. How many TANF recipients currently are on your caseload?

| | | | # tanf recipients on caseload

C1c. Approximately, what percent of your TANF caseload is assigned to receive [PROGRAM NAME] activities?

| | | | % tanf recipients assigned to [program name] activities

**The next questions are about the amount of time you spend on various activities.**

**Thank you for your time in filling out this questionnaire.**