



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.

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

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Use the Bridge [or ESQ] to identify areas the customer wants to improve	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Identify and revisit the customer's goal(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Walk customer through the process of breaking down the "SMART" goal into small achievable steps	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Discuss barriers to accomplishing identified goals and possible solutions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Discuss strategies to accommodate weak executive skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Identify the specific task(s) that the customer will work on prior to the next meeting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Review the customer's progress on his/her task(s) identified during the previous meeting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Recognize the customer's successes in making progress toward or completing his/her goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Discuss strategies for future success if a customer is not making progress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Executive Skills Questionnaire [TOOL NAME]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. My Profile [TOOL NAME]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. My Bridge of Strength.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. My Pathway [TOOL NAME]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. My Task-Plan-Do-Review	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Strategies for Success Guide [TOOL NAME]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. The Goal Action Plan (GAP) [TOOL NAME]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Other, please describe:..... _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Executive Skills Questionnaire [TOOL NAME].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. My Profile [TOOL NAME].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. My Bridge of Strength.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. My Pathway [TOOL NAME].	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. My Task-Plan-Do-Review	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Strategies for Success Guide [TOOL NAME].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. The Goal Action Plan (GAP) [TOOL NAME]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

i. Other, please describe:.....

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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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 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Executive Skills Questionnaire [TOOL NAME].....	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. My Profile [TOOL NAME].....	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. My Bridge of Strength.....	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. My Pathway [TOOL NAME].....	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. My Task-Plan-Do-Review (to complete for a new task).....	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. My Task-Plan-Do-Review (to review task progress).....	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Review of Strategies for Success Guide [TOOL NAME].....	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Review of the Goal Action Plan (GAP) [TOOL NAME].....	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Other, please describe	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I consider TANF recipients' executive skills often when working with them to set goals and develop action steps.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The coaching and tools help TANF recipients break large goals into smaller, achievable steps.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Breaking goals into smaller steps helps TANF recipients achieve their goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. The [PROGRAM NAME] approach helps TANF recipients move to employment quickly.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SELECT ONE RESPONSE PER ROW

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
f. The [PROGRAM NAME] helps TANF recipients find a job that is a good fit for them.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. The [PROGRAM NAME] tools are easy to use.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I generally use the [PROGRAM NAME] tools when working with TANF recipients.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The [PROGRAM NAME] tools are valuable in developing strategies to move TANF recipients to employment.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. The [PROGRAM NAME] coaching is a better way to work with TANF recipients than our previous approach.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Revised employment services orientation					
k. The revised orientation is an improvement upon the old orientation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. The revised orientation helps TANF recipients develop SMART goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. The revised orientation helps TANF recipients better understand the goals of the TANF program and the services available.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. The revised orientation helps TANF recipients focus on key program elements by reducing the amount of paperwork.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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.