OMB Control Number: 0970-0401, Expiration: 5/31/2018

# ***DRAFT: Adoption Triad Survey***

#### Which of the following best describes your professional background or role? (Check one.)

* Adoption professional
* Prevention/family support professional
* Child protective services professional
* Foster care professional
* Birth parent
* Legal guardian/relative (e.g., grandparent)
* Foster/adoptive parent
* Prospective adoptive parent
* Adopted person
* Foster youth (current or former)
* Other *(please describe)*: \_\_\_\_\_\_\_\_\_\_\_\_
1. **Which of the following best describes your position? (Check one.)**
* Frontline worker (e.g., caseworker, direct service worker)
* Supervisor/manager
* Director/administrator
* Training specialist
* Other *(please describe)*: \_\_\_\_\_\_\_\_\_\_\_\_
1. **Which of the following best describes your workplace? (Check one.)**
* Local or county public agency
* State agency
* Tribal agency/organization
* Federal agency
* Private agency/organization (e.g., community-based/faith-based organization)
* National organization (e.g., nonprofit, advocacy)
* Educational institution (early education, K–12, college, university)
* Other *(please describe)*: \_\_\_\_\_\_\_\_\_\_\_\_
1. **How did you first find out about the Adoption Triad newsletter? (Check one.)**
* Search engine (e.g., Google, Yahoo)
* Linked from another website
* Colleague or friend told me about it
* Referred by other organization *(please describe)*: \_\_\_\_\_\_\_\_\_\_\_\_
* Browsing Child Welfare Information Gateway’s website
* Other *(please describe)*: \_\_\_\_\_\_\_\_\_\_\_\_
1. **Please select the electronic subscriptions that you currently receive on behalf of the Children’s Bureau and/or Child Welfare Information Gateway. (Check all that apply.)**
* Children’s Bureau Express
* Child Welfare In the News
* My Child Welfare Librarian
* E-lert!
* Other *(please describe)*: \_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable, I do not receive any of these subscriptions.

#### How frequently do you read Adoption Triad newsletters?

* I read the newsletter every month
* I read the newsletter a few times a year
* I read the newsletter less than once a year
* I’ve never read the newsletter before

### **What topics and types of information are you most interested in reading about in future Adoption Triad newsletters? (Check all that apply.)**

* Adoption education and training resources
* Resources to support adoptive parents
* Information on identifying, recruiting, and retaining prospective adoptive families
* Training information for prospective adoptive families
* Information to assist in my efforts to find/reunite with my birth parent, birth sibling, or biological child
* Resources to learn more about ways to adopt
* Other types of information/resources *(please describe)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### On a scale of 5 (strongly agree) to 1 (strongly disagree), please rate your level of agreement with the following statements regarding the Adoption Triad newsletter:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***The Adoption Triad newsletter offers…*** | **1-Strongly disagree** | **2-Disagree** | **3-Neither agree nor disagree** | **4-****Agree** | **5-Strongly agree** | **N/A** |
| Content that meets my needs | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Information topics that are applicable to my work | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Credible and accurate information  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Adequate detail in articles | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |

#### Overall, how satisfied are you with the Adoption Triad newsletter?

* Very satisfied
* Somewhat satisfied
* Neither satisfied nor dissatisfied
* Somewhat dissatisfied
* Very dissatisfied

###  **What suggestions do you have for improving the Adoption Triad newsletter?**

### **Do you have any additional comments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for your participation.**

**Your time and input are greatly appreciated.**