

ATTACHMENT E

STAFF SURVEY

DRAFT

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OMB No.: xxxx-xxxx

Expiration Date: xx/xx/xxxx

**Evaluation of Employment Coaching for TANF and Other Related Populations**

Management and Staff Survey Questionnaire

[\[Advance E-mail to Program Staff\]](#)

Dear [\[Name of program staff member\]](#):

As you may know, [\[PROGRAM NAME or AGENCY\]](#) is participating in the Evaluation of Employment Coaching for TANF and Other Related Populations, a national study being conducted by the U.S. Department of Health and Human Services. The study will learn more about whether providing people with a coach to assist them with setting and meeting goals helps them get and keep a job. The study will also help us learn whether there are ways to make the [\[coaching/program\]](#) work better. The U.S. Department of Health and Human Services has asked researchers from Mathematica Policy Research and Abt Associates to assist with the study.

As part of the evaluation we are asking management and staff to complete a brief survey to help us better understand the types of services provided as part of [\[PROGRAM NAME or AGENCY\]](#). The time to complete this survey will vary by person, but is expected to be no more than 45 minutes on average.

Your participation in the survey is completely voluntary. You do not have to answer any questions that make you uncomfortable. All your responses will be kept strictly private and will only be used for research purposes and aggregated with other responses.

If you have any questions about the survey, please do not hesitate to contact Bethany Boland at Abt Associates by calling 1-301-347-5818 or emailing [Bethany\\_Boland@abtassoc.com](mailto:Bethany_Boland@abtassoc.com).

Thank you in advance for your assistance in completing this survey and providing important information to 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 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

## Section A. Background and Program Involvement

Please complete the requested information below or select the category for each item that best describes your background.

[If Manager or Staff display questions 1-9]

1. What is your title in your current position with [program name or agency]?

\_\_\_\_\_

2. How long have you been working in the position of [title from Q1] at [program name or agency]?

\_\_\_\_\_ years \_\_\_\_\_ months

3. How long have you worked for [organization name]?

\_\_\_\_\_ years \_\_\_\_\_ months

4. How would you describe yourself?

(Please select only one answer.)

1  Male

2  Female

3  Would you describe yourself in some other way? (please specify)  
[textbox]

5. What is your age?

\_\_\_\_\_ years old

6. Are you Hispanic, Latino, or of Spanish origin?

(Please select only one answer.)

1  Yes

0  No, not of Hispanic, Latino, or Spanish origin

7. What is your race?

(Please select all that apply.)

1  American Indian or Alaska Native

2  Asian

3  Black or African American

4  Native Hawaiian or other Pacific Islander

5  White

6  Other (please specify) \_\_\_\_\_

**8. What is the highest level of education you have completed?**

(Please select only one answer.)

- 1  Did not complete high school or GED
- 2  High school diploma (not General Education Development or GED)
- 3  General Education Development or GED
- 4  Some college but no degree
- 5  2-Year or 3-Year College Degree (Associate's Degree)
- 6  4-Year College Degree (Bachelor's Degree)
- 7  Graduate or Professional Degree (Master's Degree)
- 8  Doctoral Degree or equivalent
- 9  Other (*please specify*) \_\_\_\_\_

**9. In your position of [title from Q1] at [program name or agency], are you a:**

- 1  Full-time employee
- 2  Part-time employee
- 3  Full-time contractor
- 4  Part-time contractor

[If Manager, display Q10-M. If Staff, skip to Q10-S.]

**10-M. Which of the following are among your responsibilities in your position of [title from Q1]?**

(Please select all that apply.)

- 1  Supervising coaches
- 2  Supervising case managers
- 3  Supervising other types of frontline staff (e.g. recruiters, eligibility and intake workers, job developers, workshop instructors, trainers)
- 4  Coaching participants to set and achieve their goals
- 5  Providing case management
- 6  Program design/enhancements
- 7  Performance management/program reporting
- 8  Job development, job placement, and/or employer outreach
- 9  Other employment services (i.e., job search assistance, resume development, soft skills training)
- 10  Community involvement and outreach
- 11  Hiring staff
- 12  Budget planning
- 13  Fundraising
- 14  Other (*please specify*) \_\_\_\_\_

**10-S. Which of the following are among your responsibilities in your position of [title from Q1]?**

(Please select all that apply.)

- 1  Coaching participants to set and achieve their goals
  - 2  Providing case management
  - 3  Job development, job placement, and/or employer outreach
  - 4  Other employment services (i.e., job search assistance, resume development, soft skills training)
  - 5  Providing group instruction (e.g., workshops)
  - 6  Providing referrals to other programs or services
  - 7  Administrative (e.g., completing required paperwork)
  - 8  Identifying potential participants interested in program and assess eligibility
  - 9  Conducting intake into the program
  - 10  Other (*please specify*)
- 

[If Manager, display Q11-M listing only items selected in Q10-M. If Staff, skip to Q11-S.]

**11-M. On average, which of your responsibilities do you spend the most time on in a typical week?**

(Please select only one answer.)

- 1  Supervising coaches
  - 2  Supervising case managers
  - 3  Supervising other types of frontline staff (e.g. recruiters, eligibility and intake workers, job developers, workshop instructors, trainers)
  - 4  Coaching participants to set and achieve their goals
  - 5  Providing case management
  - 6  Program design/enhancements
  - 7  Performance management/program reporting
  - 8  Job development, job placement, and/or employer outreach
  - 9  Other employment services (i.e., job search assistance, resume development, soft skills training)
  - 10  Community involvement and outreach
  - 11  Hiring staff
  - 12  Budget planning
  - 13  Fundraising
  - 14  Other (*please specify*)
-

[If Staff, display Q11-S listing only items selected in Q10-S. If Manager, skip to Q12.]

**11-S. On average, which of your responsibilities do you spend the most time on in a typical week?**

(Please select only one answer.)

- 1  Coaching participants to set and achieve their goals
  - 2  Providing case management
  - 3  Job development, job placements and/or employer outreach
  - 4  Other employment services (i.e., job search assistance, resume development, soft skills training)
  - 5  Providing group instruction (e.g., workshops)
  - 6  Providing referrals to other programs or services
  - 7  Administrative (e.g., complete required paperwork)
  - 8  Identifying potential participants interested in program and assess eligibility
  - 9  Conducting intake into the program
  - 10  Other (*please specify*)
- 

[If Manager or Staff display Q12]

**12. How much total work experience (including your current and prior positions) do you have in performing responsibilities similar to those you carry out as part of [program name or agency]?**

(Please select only one answer.)

- 1  Less than 1 year
- 2  1 year to less than 3 years
- 3  3 to 5 years
- 4  More than 5 years

[If Q10-M = 1 OR 4 OR if Q10-S = 1, display Q12a]

**12a. How much total work experience (including your current and prior positions) do you have in coaching and/or supervising coaching?**

(Please select only one answer.)

- 1  None
- 2  Less than 6 months
- 2  6 months to less than 1 year
- 3  1 year to less than 3 years
- 4  3 to 5 years
- 5  More than 5 years

[If Manager, display Q13a-M. If Staff, skip to Q14a.]

**13a-M. In your position of [title from Q1] at [program name or agency], do you formally manage/supervise staff on an ongoing basis?**

- 1  Yes
- 0  No

[If Q13a-M = yes, display Q13b-M and Q13c-M. If Q13a-M = no, skip to Q14a.]

**13b-M. If yes, how many staff do you typically manage/supervise?**

\_\_\_\_\_ # staff

**13c-M. Do you supervise:**

(Please select all that apply.)

- 1  Coaches
  - 2  Case managers
  - 3  Workshop instructors
  - 4  Employment assistance frontline staff (e.g. job developers, trainers)
  - 5  Administrative staff
  - 6  Other (*please specify*)
- \_\_\_\_\_

[If Manager or Staff display Q14a.]

**14a. In your position of [title from Q1] at [program name or agency], are you responsible for working with a number of participants on an ongoing basis (i.e., do you carry a “dedicated caseload” or fill in for frontline staff when needed)?**

- 1  Yes
- 0  No

[If Q14a = yes, display Q14b - Q14e. If Q14a = no, skip to Q15a.]

**14b. Do you work with:**

(Please select only one answer.)

- 1  Only participants in [treatment group]
- 2  Only participants in [control group]
- 3  Both
- 4  Do not work with participants
- 5  Don't know

**14c. On average, how many participants do you typically work with (i.e., what is your caseload) each month?**

\_\_\_\_\_ # participants

**14d. During a typical session with a participant, what percentage of your time do you spend supporting the participant to set goals or work on plans to achieve goals?**

(Please enter a response from 1-100 percent.)

\_\_\_\_\_ % of time per session



**14e. During a typical session with a participant, what percentage of your time do you spend describing and directing the participant to support services?**

(Please enter a response from 1-100 percent.)

\_\_\_\_\_ % of time per session

[If Manager or Staff display Q15a.]

**15a. In your position of [title from Q1] at [program name or agency], have you participated in coaching training?**

1  Yes

0  No

[If Q15a = yes, continue to Q15b. If Q15a = no and Staff, skip to Q16a. If Q15a = no and Manager, skip to Q17.]

**15b. If yes, approximately when did you complete your initial coaching training at [program name or agency]?**

\_\_\_\_\_ month \_\_\_\_\_ year

**15c. If yes, approximately when did you complete your most recent coaching training at [program name or agency]?**

\_\_\_\_\_ month \_\_\_\_\_ year

**15d. What method best describes your coaching training, including initial and follow-up training sessions?**

(Please select all that apply.)

1  In-person, one-on-one session(s)

2  In-person, group session(s)

3  Online, live session(s)

4  Online, self-paced session(s)

5  Other (please specify) \_\_\_\_\_

**15e. How many hours of coaching training have you participated in, including initial and follow-up training sessions?**

\_\_\_\_\_ # of hours

**15f. Did your coaching training include a manual or other written materials?**

1  Yes

0  No

[If Q15e = yes, display 15e-S. If Q15e = no and, skip to Q15f.]

**15f-S. Do you think the manual or other written materials are useful?**

1  Yes

2  Somewhat

0  No

**15g. Has your training included follow-up sessions or check-ins after your initial coaching training through the following methods?**

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. Peer-to-peer coaching meetings	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Peer-to-peer observations	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Case reviews	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Webinars	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other method ( <i>please specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

[If Q14b = Only with participants in [treatment group] or Both, continue to Q16a. Otherwise skip to Q17.]

**16a. Does your supervisor or manager reinforce coaching techniques and strategies with you?**

- 1  Yes
- 0  No

[If Q16a = yes, continue to Q16b. If Q16a = no, skip to Q17-M if Manager or 17a-S if Staff.]

**16b. If yes, please select all that apply.**

- 1  Supervisor observes coach and participant sessions
- 2  Supervisor schedules or facilitates peer-to-peer coaching meetings
- 3  Supervisor schedules peer-to-peer observations of coaching sessions
- 4  Supervisor conducts case reviews one-on-one or in groups
- 5  Other (*please specify*) \_\_\_\_\_

**16c. How frequently does your supervisor or manager use coaching techniques and strategies when meeting with you?**

- 1  Often
- 2  Sometimes
- 3  Not at all
- 4  Don't know

## Section B. Types of [Program Name or AGENCY] Services Provided

[If Manager, display Q17-M. If Staff, skip to Q17a-S.]

**17-M.** Based on your discussions with coaches, what is your perception of **how often** participants in **[program name or agency]** are able to accomplish the following:

SELECT ONE RESPONSE PER ROW

	Never	Rarely	Sometimes	Often	Always
a. Identify a long-term goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Identify short-term goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Break down goals into small achievable steps on their own	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Use an identified goal to motivate themselves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Identify potential challenges that may get in the way of accomplishing a goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Make adjustments to steps if unable to accomplish goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Celebrate their achievement of a goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

[If Q14a = yes, display Q17 - Q20. If Q14a = no and Manager, skip to Q21-M. If Q14a = no and Staff, skip to Q21a-S.]

**17a-S.** Using a scale of 1 to 5, where 1 = Never and 5 = Always, please indicate **how often** participants who **have been in [program name or agency] for less than one month** are able to work with their **[coach/case manager]** to accomplish the following:

SELECT ONE RESPONSE PER ROW

	Never	Rarely	Sometimes	Often	Always
a. Identify a long-term goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Identify short-term goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Break down goals into small achievable steps on their own	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Use an identified goal to motivate themselves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Identify potential challenges that may get in the way of accomplishing a goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Make adjustments to steps if unable to accomplish goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Celebrate their achievement of a goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

17b-S. Using a scale of 1 to 5, where 1 = Never and 5 = Always, please indicate how often participants who have been in [program name or agency] for more than one month are able to work with their [coach/case manager] to accomplish the following:

SELECT ONE RESPONSE PER ROW

	Never	Rarely	Sometimes	Often	Always
a. Identify a long-term goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Identify short-term goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Break down goals into small achievable steps on their own	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Use an identified goal to motivate themselves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Identify potential challenges that may get in the way of accomplishing a goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Make adjustments to steps if unable to accomplish goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Celebrate their achievement of a goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

18. Please indicate about how often you use the following [resources/process from curricula] with participants. Using a scale of 1 to 5, where 1 = Never and 5 = Always, please indicate how often these resources are used during one-on-one sessions with participants.

SELECT ONE RESPONSE PER ROW

	Never	Rarely	Sometimes	Often	Always
a. [Tool A]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. [Tool B]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. [Tool C]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. [Tool D]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. [Tool E]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. [Tool F]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. [Tool G]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. [Tool H]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Tangible incentives (e.g., gift cards, tokens used to buy items, other items)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Other ( <i>please specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

19. Please indicate about how valuable you find each of these resources in helping participants gain and retain employment.

SELECT ONE RESPONSE PER ROW

	Not Valuable	Rarely Valuable	Somewhat Valuable	Valuable	Extremely Valuable
a. [Tool A]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. [Tool B]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. [Tool C]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. [Tool D]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. [Tool E]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. [Tool F]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. [Tool G]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. [Tool H]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Tangible incentives (e.g., gift cards, tokens used to buy items, other items)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Other (please specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

20. Please indicate how much time it takes on average to complete each of the following [program name or agency] resources with a participant:

SELECT ONE RESPONSE PER ROW

	Don't Use	1-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes
a. [Tool A]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. [Tool B]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. [Tool C]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. [Tool D]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. [Tool E]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. [Tool F]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. [Tool G]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. [Tool H]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Tangible incentives (e.g., gift cards, tokens used to buy items, other items)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Other (please specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Section C. Amount of Staff Supervision and Monitoring

[If Manager, display Q21-M. If Staff, skip to Q21a-S.]

### 21-M. On average, how often do you...

SELECT ONE RESPONSE PER ROW

	Never	A Few Times Per Year	About Once a Month	2 To 3 Times a Month	Once a Week or More
a. Communicate with case managers about participants' individual situations (e.g., participant progress, strengths, and challenges to participation)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Communicate with coaches about participants' individual situations (e.g., participant progress, strengths, and challenges to participation)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Communicate directly with participants about their individual situations (e.g., participant progress, strengths, and challenges to participation)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Observe case managers conduct sessions with participants?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Observe coaches conduct sessions with participants?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

[If Q14a = yes, display Q21a-S – Q21b-S. If Q14a = no, skip to Q24.]

### 21a-S. On average, how often do you have contact with participants through each of the following methods?

SELECT ONE RESPONSE PER ROW

	Never	A Few Times Per Year	About Once a Month	2 To 3 Times a Month	Once a Week or More
a. In person, one-on-one session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. In person, group session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Over the phone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. By email or other electronic communication	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other method ( <i>please specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**21b-S. On average, how often do you work with your supervisor on an ongoing basis to practice or review coaching techniques through each of the following methods?**

SELECT ONE RESPONSE PER ROW

	Never	A Few Times Per Year	About Once a Month	2 To 3 Times a Month	Once a Week or More
a. In person, one-on-one session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. In person, group session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Over the phone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. By email or other electronic communication	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other method ( <i>please specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

[If Q14a = yes, display Q22a-S – Q23a-S. If Q14a = no, skip to Q24.]

**22-S. On average, how often do you...**

SELECT ONE RESPONSE PER ROW

	Never	A Few Times Per Year	About Once a Month	2 To 3 Times a Month	Once a Week or More
a. Communicate with program management or supervisors about participants' individual situations (e.g., participant progress, strengths, challenges to participation)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Communicate with other staff about participants' individual situations (e.g., participant progress, strengths, and challenges to participation)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**23a-S. Are follow-ups conducted as part of [program name or agency] with participants after they have found a job?**

1  Yes

0  No

[If Q23a-S = yes, continue to Q23b-S. If Q23a-S = no, skip to Q24.]

**23b-S. On average, how often do you use the following contact methods with participants after they have found a job?**

SELECT ONE RESPONSE PER ROW

	Never	A Few Times Per Year	About Once a Month	2 To 3 Times a Month	Once a Week or More
a. In person, one-on-one session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. In person, group session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Over the phone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. By email or other electronic communication	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other method ( <i>please specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Section D. Challenges to Employment

[If Manager or Staff display both Q24.]

**24. Based on your experience, on average, how frequently do participants experience the challenges listed below?**



SELECT ONE RESPONSE PER ROW

	Not At All	Very Little	Some	Quite a Bit	Frequently
a. Limited education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Limited prior work or volunteer experience	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Limited relevant vocational skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Child care or dependent care issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Transportation problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Low motivation to find employment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Mental health condition(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Physical health condition(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Limited problem-solving abilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Drug and/or alcohol addiction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Learning disabilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Intimate partner violence issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Other domestic issues (e.g., divorce, child custody)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Homelessness or housing problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Criminal history	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. Legal problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. Unable to focus on what's important	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. Procrastination	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
s. Unable to follow through to the completion of a goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
t. Inability to set goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
u. Limited soft skills (e.g., communication skills, social skills, teamwork)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
v. Limited number of jobs that match the education, skills, and abilities of participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
w. Limited number of good jobs (e.g., well-paying, benefits)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
x. Participant doesn't know where to find jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
y. Participant afraid to approach employers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Other</b> (please specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

### Section E. Program Participation and Nonparticipation

[If Manager or Staff display Q25.]

25. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please indicate how much you agree or disagree with the following statements about staff at [program name or agency]:

SELECT ONE RESPONSE PER ROW

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
a. Staff in this program closely monitor the progress of participants assigned to [program name or agency]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Staff in this program learn quickly about participants who did not attend planned activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Staff in this program learn quickly about a participant who quit or lost a job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Staff in this program explain program expectations and consequences of nonparticipation to participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Staff in this program consistently use tangible incentives (e.g., gift cards, tokens used to buy items, other items) to encourage participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Staff in this program use positive reinforcement to encourage participation (e.g., praise, clapping)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Staff in this program impose sanctions on participants who do not participate or comply with program rules	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Staff in this program are consistent in their use of sanctions (e.g. apply consistent criteria)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Staff implement sanctions quickly after a participant stops participating in program activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Staff work hard to reengage sanctioned participants in program activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Section F. [Program Name or AGENCY] and Organizational Performance**

[If Manager or Staff display Q26 - Q31.]

26. Do you think coaching is an effective approach within [program name or agency]?

- 1  Yes  
0  No

27. On average, how many participants benefit from the coaching approach?

- 1  All  
2  Most  
3  Many  
4  Some  
0  None

27b. In your opinion, what are the characteristics of participants who benefit most from the coaching approach?

\_\_\_\_\_ [textbox]

28. Do you think a directive and prescriptive approach with participants in [program name or agency] is effective?

- 1  Yes  
0  No

28b. In your opinion, what are the characteristics of participants who benefit most from a directive and prescriptive approach?

\_\_\_\_\_ [textbox]

29. This first set of questions focuses on your perceptions of the [program name or agency].

Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please indicate how much you agree or disagree with the following statements about [program name or agency]:

SELECT ONE RESPONSE PER ROW

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
a. Staff make an effort to learn about participants' personal and family situations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Staff make an effort to learn about participants' career and employment goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Staff make an effort to learn about participants' motivation to work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Staff provide information about available support services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Staff assign activities for participants to do before sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Staff help participants set personal goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Staff offer tangible incentives (e.g., gift cards, tokens used to buy items, other items) to increase participant motivation and persistence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Staff check in with participants between sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

The next questions ask about your opinions about your work place.

30. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how strongly you agree or disagree with each of the following statements about [organization name from Q1] and your experiences in your position:

SELECT ONE RESPONSE PER ROW

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
a. Frequent staff turnover is a problem for your organization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Staff are able to spend the time needed with participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Staff have the skills they need to do their jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The [program name or agency] has enough staff to meet current participants' needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. [Program name or agency] staff are well-trained	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. A larger support staff is needed to help meet needs in the [program name or agency]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Staff training and professional	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	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
development are priorities in the [program name or agency]					
h. The [program name or agency] holds regular in-service training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The budget of the [program name or agency] allows staff to attend professional training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>[If Manager skip to Q30q. If Staff display questions Q30j - Q30p]</b>					
j. The [program name or agency] is managed well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The [program name or agency] has supervisors who are capable and qualified	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. When needed, [program name or agency] supervisors devote much time and attention to staff supervision	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Management decisions for the [program name or agency] are well considered	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. You have confidence in how decisions in the [program name or agency] are made	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. You meet frequently with supervisors about participants' needs and progress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. Staff concerns are ignored by management when making decisions about the [program name or agency]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. Some staff members seem confused about the main goals for the [program name or agency]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. The [program name or agency] operates with clear goals and objectives	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
s. Your job duties are clearly related to the goals for the [program name or agency]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
t. Management for the [program name or agency] has a clear plan for its future	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

31. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how strongly you agree or disagree with each of the following statements about [organization name from Q1] and your experiences in your position:

SELECT ONE RESPONSE PER ROW

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
a. The [program name or agency] encourages and supports professional growth for the staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Keeping your knowledge and skills up-to-date is a priority for you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. You do a good job of regularly updating and improving your skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. You regularly seek to learn new techniques or updates in the field	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. You are satisfied with your present job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. You feel appreciated for the job you do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. You give high value to the work you do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. You are proud to tell others where you work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. You like the people you work with	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. You would like to find a job somewhere else	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The heavy staff workload reduces the effectiveness of the [program name or agency]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. You are under too many pressures to do your job effectively	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Staff members at the [program name or agency] often show signs of high stress and strain	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Staff frustration is common where you work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Staff performance measures do not align with the coaching approach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Thank you for your time in filling out this questionnaire.