

**ATTACHMENT C**  
**SOCIAL NETWORK SURVEYS**

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OMB NO. XXX

Expiration Date XX/XX/XXXX

## PROMISE Evaluation

### Social Network Survey—Program Directors/Managers

**Paperwork Reduction Act Statement** – This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0960-XXXX. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

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## **PROMISE EVALUATION SOCIAL NETWORK SURVEY**

This brief survey is designed to help us understand the nature of your relationships with people in other organizations that also may play a role in PROMISE.

These organizations have been prefilled in the survey. However, if there are other organizations that you believe play a role in PROMISE that are not included, please add them in the boxes marked, "Other [please specify]."

Completion of the survey should take no more than 10 minutes. Your name and responses will be kept private to the extent of the law. Findings from the survey will be reported in aggregate form only so that no person can be identified.

**Name:**

**Job Title:**

**Agency:**

**State:**

### QUESTION 1

**One year ago**, how frequently did administrative staff from your organization communicate with administrative staff in the following organizations about issues pertaining to youth with disabilities and their families?

	a	b	c	d	e
	Never	Once or twice a year	Every month or two	Every week or two	More than once a week
Agency 1					
Agency 2					
Agency 3					
Agency 4					
Agency 5					
Agency 6					
Agency 7					
Agency 8					
Other [please specify]: _____					
Other [please specify]: _____					

### QUESTION 2

**Now**, how frequently does administrative staff in your organization communicate with administrative staff in the following organizations about issues pertaining to youth with disabilities and their families? (Do not count the bi-annual state [PROMISE/ASPIRE] meetings.)

	a	b	c	d	e
	Never	Once or twice a year	Every month or two	Every week or two	More than once a week

### QUESTION 3

**One year ago**, to what extent did your organization have an effective working relationship with each of the following organizations on issues related to youth with disabilities and their families?

	a	b	c
	Not at all	To some extent	To a considerable extent

For each row, please place an "X" in the column that best answers the question. For each question, please leave blank the rating for your own organization. If there are other organizations that you believe play a role in

PROMISE that are not included, please add them in the boxes marked "Other [please specify]." Continue on additional sheets if

### QUESTION 4

### QUESTION 5

### QUESTION 6

**Now**, to what extent does your organization have an effective working relationship with each of the following organizations on issues related to youth with disabilities and their families?

**In the past year**, and **related to** your work on [PROMISE/ASPIRE], with which of the following organizations has your organization...

**In the past year**, and **outside of** your work on [PROMISE/ASPIRE], with which of the following organizations has your organization...

<b>Agency 1</b>
<b>Agency 2</b>
<b>Agency 3</b>
<b>Agency 4</b>
<b>Agency 5</b>
<b>Agency 6</b>
<b>Agency 7</b>
<b>Agency 8</b>
<b>Other [please specify]:</b> _____
<b>Other [please specify]:</b> _____

a	b	c
Not at all	To some extent	To a considerable extent

a	b	c	d
Shared resources (such as staff, facilities, or funding)?	Developed or improved data sharing capacities ?	Developed or improved client referral processes ?	Worked to improve service delivery to clients?

a	b	c	d
Shared resources (such as staff, facilities, or funding)?	Developed or improved data sharing capacities?	Developed or improved client referral processes ?	Worked to improve service delivery to clients?

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OMB NO. 0960-XXXX

Expiration Date XX/XX/XXXX

## PROMISE Evaluation

### Social Network Survey – Service Provider Staff

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**Name:**

**Job Title:**

**Agency:**

**State:**

**PROMISE EVALUATION  
SOCIAL NETWORK SURVEY**

This brief survey is designed to help us understand the nature of your relationships with people in other organizations that also may also serve youth or adults with disabilities (through PROMISE or through any other program or funding stream).

These organizations have been prefilled in the survey. However, if there are other organizations that you work with in your efforts to serve youth or adults with disabilities that are not included on the survey form, please add them in the boxes marked, "Other [please specify]."

Completion of the survey should take no more than 10 minutes. Your name and responses will be kept private to the extent of the law. Findings from the survey will be reported in aggregate form only so that no person can be identified.

**One year ago**, how frequently did you communicate with front-line staff (who work directly with clients) in the following organizations about client issues? If you were not in this position one year ago, please leave all of Question 1 blank.

**Now**, how frequently do you communicate with front-line staff (who work directly with clients) in the following organizations about client issues?

	a	b	c	d	e	A	B	c	d	e
	Never	Once or twice a year	Every month or two	Every week or two	More than once a week	Never	Once or twice a year	Every month or two	Every week or two	More than once a week
Agency 1										
Agency 2										
Agency 3										
Agency 4										
Agency 5										
Agency 6										
Agency 7										
Agency 8										
Agency 9										
Agency 10										
Other [please specify]: _____										
Other [please specify]: _____										

**QUESTION 1**

**QUESTION 2**

For each row, please place an "X" in the column that best answers the question. For each question, please leave blank the rating for your own organization. If there are other organizations that you work with in your efforts to serve youth with disabilities that are not on the list, please add them in the boxes marked "Other [please specify]"

**One year ago**, and related to your work with youth or adults with disabilities, how often did you do the following with each organization? If you were not in this position one year ago, please leave all of Question 3 blank.

N = Never  
 S = Sometimes  
 F = Frequently

	a			b			c			d			e			f		
	Engage in joint training?			Share intake or assessment data on clients?			Refer clients to?			Receive referrals from?			Discuss a specific client's needs, goals, and/or services (over the phone, in person, or via email)?			Meet with specifically on transition planning for a client?		
	N	S	F	N	S	F	N	S	F	N	S	F	N	S	F	N	S	F
Agency 1																		
Agency 2																		
Agency 3																		
Agency 4																		
Agency 5																		
Agency 6																		
Agency 7																		
Agency 8																		
Agency 9																		
Agency 10																		
Other [please specify]: _____																		
Other [please specify]: _____																		

## QUESTION 3

For each row, please place an "X" in the column that best answers the question. For each question, please leave blank the rating for your own organization. If there are other organizations that you work with in your efforts to serve youth with disabilities that are not on the list, please add them in the boxes marked, "Other [please specify]." Continue on additional sheets if necessary.

**Now**, and related to your work with youth or adults with disabilities, how often do you do the following with each organization?  
 N = Never  
 S = Sometimes  
 F = Frequently

	a			b			c			d			e			f		
	Engage in joint training?			Share intake or assessment data on clients?			Refer clients to?			Receive referrals from?			Discuss a specific client's needs, goals, and/or services (over the phone, in person, or via email)?			Meet with specifically on transition planning for a client?		
	N	S	F	N	S	F	N	S	F	N	S	F	N	S	F	N	S	F
Agency 1																		
Agency 2																		
Agency 3																		
Agency 4																		
Agency 5																		
Agency 6																		
Agency 7																		
Agency 8																		
Agency 9																		
Agency 10																		
Other [please specify]: _____																		
Other [please specify]: _____																		

## QUESTION 4

For each row, please place an "X" in the column that best answers the question. For each question, please leave blank the rating for your own organization. If there are other organizations that you work with in your efforts to serve youth with disabilities that are not on the list, please add them in the boxes marked, "Other [please specify]." Continue on additional sheets if necessary.