**Introduction**

As you may know, [ORGANIZATION] is participating in a research study as part of the Building Evidence on Employment Strategies for Low-income Families (BEES) study, 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 [BEES program]. ACF has contracted with MDRC, Abt Associates, and MEF Associates to conduct the evaluation.

As part of the BEES study, we are asking program staff to complete a survey to help us better understand the types of services provided as part of [BEES program]. The length of time to complete this survey will vary by person, but is expected to take about 30 minutes. Your participation in this survey is important and will help us understand more about the services provided in this program.

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 MDRC by calling XXX-XXX-XXXX or emailing bees@mdrc.org.

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

|  |
| --- |
| The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to understand programs that aim to improve employment outcomes for low-income adults. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: XXXX-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Dan Bloom (MDRC); 200 Vesey Street, 23rd Floor, New York, NY 10281-2103. |

**A. STAFF BACKGROUND**

A1. What is your job title?

A2. When did you start working for [ORGANIZATION]?

| | | / | | |

month year

A3. When did you start working in the position of [title from A1] at [ORGANIZATION]?

| | | / | | |

month year

A4. Please provide your employment status as a [title from A1] at [ORGANIZATION].

MARK ONE ONLY

1 □ Full-time employee

2 □ Part-time employee

3 □ Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A5. Which clients do you work with in your position as a [insert title from A1]:

1 □ Only with individuals in [BEES program]

2 □ Individuals in [BEES program] and individuals in other programs at [ORGANIZATION]

3 □ Other (Please specify) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

A6. What is your age?

| | | YEARS OLD

A7. What is your Ethnicity?

Select one or More

0 □ Not Hispanic or Latino

1 □ Hispanic or Latino

A8. What is your race?

Select One or more

1 □ White

2 □ Black or African American

3 □ American Indian or Alaska Native

4 □ Native Hawaiian or other Pacific Islander

5 □ Asian

6 □ Other *(please specify*)

A9. What is the highest level of education you have completed?

MARK ONE ONLY

1 □ Less than a high school diploma

2 □ High school diploma or equivalent

3 □ Some college (no degree)

4 □ Associate’s Degree

5 □ Bachelor’s Degree

6 □ Master’s degree

7 □ Doctoral degree or equivalent

8 □ Other *(please specify)*

**B. STAFF RESPONSIBILITIES AND CONTACT WITH PARTICIPANTS**

B1. What is your primary responsibility as part of [BEES program]?

MARK ONE ONLY

1. □ Conducting recruitment and outreach
2. □ Conducting intake and enrollment
3. □ Conducting academic or job skills assessments
4. □ Conducting mental health assessments and/or substance abuse assessments
5. □ Providing academic or career-oriented counseling
6. □ Providing substance abuse treatment or counseling
7. □ Providing mental health treatment or counseling
8. □ Working with participants to address barriers to employment
9. □ Working with participants in subsidized or unpaid employment positions
10. □ Working one-on-one with participantsto find jobs
11. □ Working to identify jobs for participantsat employers (i.e., “job development”)
12. □ Providing occupational or vocational training
13. □ Providing group job search instruction (e.g., workshops)
14. □ Other (Please specify)

B2. What other responsibilities do you have as part of [BEES program]?

check all that apply

1. □ Conducting recruitment and outreach
2. □ Conducting intake and enrollment
3. □ Conducting education or job skills assessments
4. □ Conducting mental health assessments and/or substance abuse assessments
5. □ Providing academic or career-oriented counseling
6. □ Providing substance abuse treatment or counseling
7. □ Providing mental health treatment or counseling
8. □ Working with participants to address barriers to employment
9. □ Working with participants in subsidized or unpaid employment positions
10. □ Working one-on-one with participantsto find jobs
11. □ Working to identify jobs for participantsat employers (i.e., “job development”)
12. □ Providing occupational or vocational training
13. □ Providing group job search instruction (e.g., workshops)
14. □ Other (Please specify)

**B3. We would like to ask you more specifically about how you spend your time at [ORGANIZATION].** If you did not spend time on an activity then mark it as zero (0).

|  |  |
| --- | --- |
| Responsibility/task | Hours in a typical week (include options for don’t know/decline to answer) |
| a. Conducting recruitment and outreach |  |
| b. Conducting intake and enrollment |  |
| c. Conducting education or job skills assessments |  |
| d. Conducting mental health assessments and/or substance abuse assessments |  |
| e. Providing academic or career-oriented counseling |  |
| f. Providing substance abuse treatment or counseling |  |
| g. Providing mental health treatment or counseling |  |
| h. Working with participantsto address barriers to employment |  |
| i Working with participantsin subsidized or unpaid employment positions |  |
| j. Working one-on-one with participantsto find jobs (i.e. “job search”) |  |
| k. Working to identify jobs for participantsat employers (i.e., “job development”) |  |
| l. Providing occupational or vocational training |  |
| m. Providing group job search instruction (e.g., workshops) |  |
| n. [Prefill written response from ‘other’ category in B1] |  |

**B4**. **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 [BEES program]?**

MARK ONE ONLY

1 □ Less than 1 year

2 □ 1 to less than 3

3 □ 3 to 5 years

4 □ More than 5 years

B5. Have you received any formal training in the past year related to the work you are doing with participants in [BEES program]?

1 □ Yes

2 □ No

3 □ Don’t know

4 □ Decline to answer

B6. In your position of [insert title from A3] at [ORGANIZATION] are you responsible for working with a number of participants on an ongoing basis (i.e., do you carry a “caseload”)?

1 □ Yes **GO TO B7**

0 □ No **GO TO C1**

**B7. In the past month, how many participants were on your caseload?**

| | | | # participantson caseload

□ don’t know

□ decline to answer

B8. In the past month, how many participants on your caseload do you consider active, meaning you had regular contact with them?

| | | | # active participants on caseload

□ don’t know

□ decline to answer

B9. How many participants do you have contact with in a typical week? This could be in person, over the phone, by email, or via text.

| | | | # participants per week

□ don’t know

□ decline to answer

B10. On average, how often do you meet in person one-on-one with individual participants on your caseload?

MARK ONE ONLY

1 □ Quarterly

2 □ Monthly

3 □ Weekly

4 □ Multiple times a week

B11. What is the average length of time you spend with a participant during an in-person, one-on-one meeting?

MARK ONE ONLY

1 □ Less than 15 minutes

2 □ 15 or more, but less than 30 minutes

3 □ 30 - 60 minutes

4 □ 60+ minutes

B12. Using a scale of 1 to 5, where 1 = No time at all and 5 = A lot of time, please indicate how you use the following methods when communicating with participants.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | | |
|  | **NO TIME AT ALL** | **VERY LITTLE** | **SOME** | **QUITE A BIT** | **A LOT OF TIME** |
| a. In person, one-on-one | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. In person, group session | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. Over the phone | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. By email or other electronic communication | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| e. Other method *(please specify)* | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**C. Types of Services Provided**

**This section is about the types of services your organization provides to participants in [BEES program].**

C1. Using a scale of 1 to 5, where 1 = No time at all and 5 = A lot of time, please indicate how much time you spend on each of the following activities:

|  | SELECT ONE RESPONSE PER ROW | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **NO TIME AT ALL** | **VERY LITTLE** | **SOME** | **QUITE A BIT** | **A LOT OF TIME** |
| **Providing Employment-Related Activities** |  |  |  |  |  |
| a. Overseeing participantswho are engaged in self-directed job search activities (where individuals search on their own for jobs) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Providing group training on job search strategies such as preparing a resume, writing cover letters, searching for jobs, and completing applications | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. Conducting one-on-one sessions to review job leads and monitor job search | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. Conducting one-on-one sessions to provide counseling on career and job opportunities | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| e. Providing assistance focused on “life skills” including training on communication and social skills, teamwork, and problem solving | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| f. Providing guidance on workplace behaviors or etiquette | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| g. Providing guidance on persisting in job search and skills needed to overcome challenges (e.g., stress, anxiety, other challenges, resilience, executive functioning) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| h. Contacting employers to identify job needs | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| i. Identifying job openings through on-line and other (non-employer) sources | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| j. Working directly with participantsand matching them to a job based on their job skills and interests) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| k. Identifying subsidized or unpaid work experience positions | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Addressing Mental Health, Substance Abuse and Other Barriers** |  |  |  |  |  |
| l. Screening participantsfor barriers to employment | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| m. Providing mental health counseling | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| n. Providing assistance with substance issues or monitoring substance abuse treatment plans. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| o. Assisting participantswith assistance on other work-related barriers (e.g. child care, transportation, emergency assistance) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| p. Referring participants to another agency or organization for assistance with substance abuse or mental health issues. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Monitoring Participation in Program Activities** |  |  |  |  |  |
| p. Monitoring and reporting participation in employment services | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| q. Monitoring and reporting participation in mental health services | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| r. Monitoring and reporting participation in substance abuse services | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| s. Reengaging those who are not appropriately engaged program activities (e.g., letters, outreach calls, home visits) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| t. Carrying out noncompliance activities | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Conducting Post-Employment Follow-Up** |  |  |  |  |  |
| u. Following up with participantsafter they are placed in employment | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| v. Other activities *(please specify)* | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

**These questions ask about the content of the employment services provided as part of PROGRAM.**

**C2. Please indicate how much emphasis, on average, is provided on the following issues during meetings with your participants:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | |
|  | **NO EMPHASIS** | **MINOR/ LIMITED EMPHASIS** | **MODERATE EMPHASIS** | **MAJOR EMPHASIS** |
| a. Resume preparation | 0 □ | 1 □ | 2 □ | 3 □ |
| b. Job search techniques | 0 □ | 1 □ | 2 □ | 3 □ |
| c. Use of online job search resources | 0 □ | 1 □ | 2 □ | 3 □ |
| d. Assistance filling out job applications | 0 □ | 1 □ | 2 □ | 3 □ |
| e. Interviewing skills/mock interviews | 0 □ | 1 □ | 2 □ | 3 □ |
| f. Communication in the workplace | 0 □ | 1 □ | 2 □ | 3 □ |
| g. Problem solving (work or training-related or personal) | 0 □ | 1 □ | 2 □ | 3 □ |
| h. Proper workplace behaviors | 0 □ | 1 □ | 2 □ | 3 □ |
| i. Handling stress and anxiety in the workplace | 0 □ | 1 □ | 2 □ | 3 □ |
| j. Balancing work and family responsibilities | 0 □ | 1 □ | 2 □ | 3 □ |
| k. Review of material covered in vocational or occupational classes | 0 □ | 1 □ | 2 □ | 3 □ |
| l. Career paths/next steps in pursuing vocational or occupational training | 0 □ | 1 □ | 2 □ | 3 □ |
| m. Monitoring substance abuse treatment plan | 0 □ | 1 □ | 2 □ | 3 □ |
| n. Providing counseling on mental health services | 0 □ | 1 □ | 2 □ | 3 □ |
| o. Other *(please describe)*: | 0 □ | 1 □ | 2 □ | 3 □ |
|  |  |  |  |  |

**The next questions are about your overall opinions on employment activities and your organization’s practices. This is talking more broadly about the approach and philosophy of employment activities.**

**C3. Thinking about all employment activities, and using a scale from 1 to 5, what would you say is the more important goal of the employment activities?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SELECT ONE RESPONSE | | | | | | | | |
| **Rapid Employment**  To help participantsfind a job as quickly as possible, even if they haven’t fully addressed all barriers to finding and maintaining employment |  |  | | **Both Equally** |  | |  | **Addressing Barriers to Employment**  To help participantsaddress barriers that make it difficult for them to find and maintain employment, even if it takes longer for them to find a job at first |
| 1 □ | 2 □ | | 3 □ | | | 4 □ | | 5 □ |

**C4. In your opinion, and using a scale from 1 to 5, which do you feel the more important goal of the program *should be*?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SELECT ONE RESPONSE | | | | | | | | |
| **Rapid Employment**  To help participantsfind a job as quickly as possible, even if they haven’t fully addressed all barriers to finding and maintaining employment |  |  | | **Both Equally** |  | |  | **Addressing Barriers to Employment**  To help participantsaddress barriers that make it difficult for them to find and maintain employment, even if it takes longer for them to find a job at first |
| 1 □ | 2 □ | | 3 □ | | | 4 □ | | 5 □ |

**D. BARRIERS TO EMPLOYMENT**

D1. Based on your experience, how frequently do participants experience the following barriers to employment?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | | |
|  | **NOT AT ALL** | **VERY LITTLE** | **SOME** | **QUITE A BIT** | **FREQUENTLY** |
| **Human Capital**  a. Limited education | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Limited prior work or volunteer experience | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. Limited, if any, relevant vocational skills | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Logistical Barriers**  d. Child care or dependent care issues | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| e. Transportation problems | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Physical/Mental Health Conditions**  f. Low motivation to find employment | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| g. Mental health condition(s) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| h. Physical health condition(s) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| i. Limited problem-solving, communication, and other types of “life skills” | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| j. Drug and/or alcohol addiction | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Other Personal or Family Challenges**  k. Learning disabilities | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| l. Intimate partner violence issues | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| m. Other domestic issues (e.g., divorce, child custody) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| n. Homelessness or housing problems | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| o. Criminal justice involvement/record | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| p. Legal problems (i.e. pending charges, court case, etc.) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Limited Job Opportunities**  q. Limited jobs overall | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| r. Limited number of jobs that match the education, skills, and abilities of participants | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| s. Limited number of good jobs (e.g., well-paying, benefits) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| t. participantdoesn’t know where to find jobs | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| u. participantafraid to approach employers | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Other** *(please specify)* | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
|  |  |  |  |  |  |

D2. In your opinion, does your program offer sufficient support services to participants with the following barriers?

|  |  |  |  |
| --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | |
|  | **YES** | **NO** | **DON’T KNOW** |
| a. Motivational issues | 1 □ | 0 □ | d □ |
| b. Mental health issues | 1 □ | 0 □ | d □ |
| c. Substance abuse issues | 1 □ | 0 □ | d □ |
| d. Physical health issues | 1 □ | 0 □ | d □ |
| e. Domestic violence issues | 1 □ | 0 □ | d □ |
| f. Other domestic issues (e.g., marital or relationship issues) | 1 □ | 0 □ | d □ |
| g. Child care or dependent care issues | 1 □ | 0 □ | d □ |
| h. Transportation problems | 1 □ | 0 □ | d □ |
| i. Child behavioral issues | 1 □ | 0 □ | d □ |
| j. Homelessness or housing problems | 1 □ | 0 □ | d □ |
| k. Criminal justice involvement/record | 1 □ | 0 □ | d □ |
| l. Legal problems | 1 □ | 0 □ | d □ |
| m. Financial issues | 1 □ | 0 □ | d □ |
| n. Other *(please specify)*: | 1 □ | 0 □ | d □ |
|  |  |  |  |

**E. Program Participation**

E1. 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 your program:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | | |
|  | **STRONGLY DISAGREE** | **SOMEWHAT DISAGREE** | **NEITHER AGREE NOR DISAGREE** | **SOMEWHAT AGREE** | **STRONGLY AGREE** |
| **Monitoring** |  |  |  |  |  |
| a. Staff in this program closely monitor the progress of participants | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Staff in this program learn quickly that a participant did not attend assigned activities | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. Staff in this program learn quickly that a participant quit or lost a job | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Efforts to encourage engagement/ participation** |  |  |  |  |  |
| d. Staff in this program explain program participation expectations and consequences of nonparticipation | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| e. Staff in this program use incentives to encourage participation (e.g., tokens used to buy items, extra cash, gift certificates) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| f. Staff in this program use positive reinforcement to encourage participant participation (e.g., praise, clapping or ringing a bell when someone gets a job). | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| g. Staff in this program invoke sanctions or consequences on participantswho do not participate or comply with program rules | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| h. Staff in this program are consistent in their initiation of a consequence (e.g., same number of contacts, consistent criteria) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| i. Staff implement consequences quickly after a participant stops participating in program services | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| j. Staff work hard to reengage participantswho have not been engaged in program services activities | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

**Section F. Program and Organizational Performance**

F1. This first set of questions focuses on your perceptions of the quality of [BEES program].

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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | | |
|  | **STRONGLY DISAGREE** | **SOMEWHAT DISAGREE** | **NEITHER AGREE NOR DISAGREE** | **SOMEWHAT AGREE** | **STRONGLY AGREE** |
| a. Staff make an effort to get to know participantswell | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Staff make an effort to learn about participantsand family situations | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. Staff make an effort to learn about participants’career and employment goals and motivation to work | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. Services are tailored to meet participants’ needs | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| e. participants are matched to jobs based on their skills, abilities, and interests | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

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

F2. 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 your agency and your experiences in your position:

|  | SELECT ONE RESPONSE PER ROW | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **STRONGLY DISAGREE** | **SOMEWHAT DISAGREE** | **NEITHER AGREE NOR DISAGREE** | **SOMEWHAT AGREE** | **STRONGLY AGREE** |
| **Staffing** |  |  |  |  |  |
| a. Frequent staff turnover is a problem for your organization/site/location. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Staff are able to spend the time needed with participants | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. Staff have the skills they need to do their jobs | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. The program has enough staff to meet current participants’ needs | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Supervision** |  |  |  |  |  |
| e. The program is managed well | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| f. When needed, program supervisors devote much time and attention to staff supervision | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| g. You have confidence in how decisions in the program are made | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| h. You meet frequently with supervisors about participants’ needs and progress | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| i. Staff concerns are ignored by management when making decisions about the program | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Growth** |  |  |  |  |  |
| j. The program encourages and supports professional growth for the staff | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| k. Keeping your knowledge and skills up-to-date is a priority for you | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| l. You do a good job of regularly updating and improving your skills | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| m. You seek to learn new techniques or updates in the field regularly | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Satisfaction** |  |  |  |  |  |
| n. You are satisfied with your present job | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| o. You feel appreciated for the job you do | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| p. You would like to find a job somewhere else | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| Stress |  |  |  |  |  |
| q. A heavy staff workload reduces the effectiveness of the program | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| r. You are under too many pressures to do your job effectively | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| s. Staff frustration is common where you work | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

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