Webinars, Events and In-Person Meetings survey

Child Welfare
Capacity Building
Collaborative

Instructions for On-line Survey Development

For each webinar or event hosted by the Collaborative, a survey will be created in on-line survey software to gather feedback that can inform project planning. Given the changing nature and context of each product and the content on each webpage, it is important to be able to get feedback from recipients without creating undue burden by answering excessive questions that only marginally apply. To address this, the survey will be tailored to the unique information needs of each event to ensure low burden while informing high quality service provision. When creating each on-line survey, content specialists will use the required questions listed below and choose up to 14 context specific optional questions that can be added to the survey, as needed. This will allow for unique information needs to be met.

It is expected that each tailored survey will have no more than 20 questions, including 11 required questions and a maximum of 7-9 optional questions, with a burden of no more than 5 minutes.

Required Questions (11 required)

	Strongly Disagree	2	3	Neither	5	6	Strongly Agree
1. [Name of Peer Networking Experience, Event, Webinar] will be helpful in my work.	SD	2	3	N	5	6	SA
2. Overall, I was satisfied with the [Name of Peer Networking Activity, Event, Webinar].	SD	2	3	N	5	6	SA
3. The format of the [Name of Peer Networking Activity, Event, Webinar] provided opportunities for participants to interact.	SD	2	3	N	5	6	SA
4. The facilitator helped us achieve the goals of the event.	SD	2	3	N	5	6	SA
5. The facilitator encouraged participation from all attendees.	SD	2	3	N	5	6	SA

6. What aspects of the [Name of Peer Networking Experience, Event, Webinar] were most useful for your work?

7. Were there ways in which the [Name of Peer Networking Activity, Event, or Webinar] could have been more useful to you? (Yes/No)

   If yes, please describe how this [Name of Peer Networking Activity, Event, or Webinar] could have been more useful?

8. Which of the following best describes your position or role? (Check all that apply)

o Administrative Leadership (director/deputies)
o Training Department/Division
o Supervisors
o Case Workers/Direct Practices Workers
o Data Managers & IT Staff
o Foster Care Managers
o Adoption Managers
o Courts
o CIP Coordinators
o Judges
o Attorneys
o Court Administrative Officers
o Attorney/Attorney-GALs
o Court/Attorney Data Managers & IT staff
o CASAs/Non-attorney GALs/other advocates
o Case Workers/Social Workers/Other
o Stakeholders
o Contracted Service Providers (provide examples)
o Law Enforcement
o Health
o Mental Health
o Substance Abuse
o Domestic Violence
o Education
o Community (provide examples)
o Families, Parents, Youth (provide examples)
o Foster Parent/Caregivers
o Tribal child welfare
o Tribal Council
o Tribal Court
o Tribal Elders
o Other tribal program (Please describe)

9. In which State/Territory/Tribe do you work?_____

10. Please select the various ways you [*insert have already applied the information, plan to apply the information*] from the [Name of Peer Networking Activity, Event, or Webinar] in your work. (Check all that apply)

o   Support program improvement
o   Support policy development
o   Provide information to clients/families
o   Share with peers
o   Support public awareness/advocacy
o   Grant writing/Fundraising

o   Train staff/colleagues
o   Conduct research & evaluation
o   My own professional development (e.g., increased knowledge)
o   I have not yet applied this to my work
o   Other (Please describe):_____

You indicated that you plan to use this information to train others. In what setting will it be used?
o   Formal Training with Co-Workers
o   Informal Training with Co-Workers
o   Distribute Materials to Co-Workers
o   Classroom/University
o   Train the Trainer
o   Other

Please provide a specific example: _____

Optional Questions (choose up to 6)

Rating Questions (7pt likert scale)
- The content of the [Name of Peer Networking Activity, Event or Webinar] felt relevant to the values and context of my agency.
- The content provided in the [Name of Peer Networking Activity, Event or Webinar] felt relevant to the values and context of the communities my agency serves.
- The [Name of Peer Networking Activity, Event or Webinar] featured topics that are timely and current.
- The technology enhanced the [Name of Peer Networking Activity, Event or Webinar].
- Appropriate instructions were given on how to manage the technology used.
- The time allotted was appropriate for meeting the [Name of Peer Networking Activity, Event or Webinar] goals.
- I found the pre-session assignments and background materials to be helpful in preparing me for the [Name of Peer Networking Activity, Event or Webinar].
- The format of the [Name of Peer Networking Activity, Event or Webinar] made it easy to participate.
- I liked the format of this [Name of Peer Networking Activity, Event or Webinar].
- The facilitator helped me interact with my peers in a meaningful way.
- The knowledge and expertise of this trainer/presenter/consultant were appropriate for this [Name of Peer Networking Activity, Event or Webinar].
- The trainer/presenter/consultant tailored and delivered the content of the [Name of Peer Networking Activity, Event or Webinar] effectively.
- The trainer/facilitator helped me to see how the [Name of Peer Networking Activity, Event or Webinar] can be applied to my work.
- The trainer/facilitator provided sufficient opportunities to practice new information/skills.

- As a result of my participation, I am able to [Name of Peer Networking Activity, Event or Webinar goal 1]. (Insert/delete as many objectives/goals as necessary)
- The [Name of Peer Networking Activity, Event or Webinar] has increased my knowledge about [Topic 1]. (Insert/delete as many topics as necessary)
- The [Name of Peer Networking Activity, Event or Webinar] has increased my practical skills regarding [Topic 1]. (Insert/delete as many topics as necessary)
- The [Name of Peer Networking Activity, Event or Webinar] has motivated me to continue learning in this topic area.
- As a result of the [information I learned, knowledge I gained] through the [Name of Peer Networking Activity, Event or Webinar], I will be a more effective in my work.
- The information provided [Name of Peer Networking Activity, Event or Webinar] helped me to understand the <insert topic>.
- The information provided in [Name of Peer Networking Activity, Event or Webinar] helped me to understand the five capacity domains.
- The [Name of Peer Networking Activity, Event or Webinar] had a good cultural fit for my tribal [agency, community, or work].
- I would recommend that individuals from other tribal programs participate in [Name of Peer Networking Activity, Event or Webinar].
- As a result of my involvement in the [Name of Peer Networking Activity, Event or Webinar], I have improved my connections with peers/colleagues.
- The Name of Peer Networking Experience, Event, Webinar] has positively impacted my attitudes concerning the [Topic Area 1].

Open-ended questions:
- Provide a specific example of how the [Name of Peer Networking Activity, Event or Webinar] has improved your relationship with peers or benefitted your work.
- Was [Title of Activity 1] helpful? If so, why, and if not, how can they be improved?
- Pick one or two appropriate training activities
- What additional assistance do you or your organization need with this topic?
- What additional information or resources can you recommend on this topic?
- Do you have any additional comments?

Response choice questions:

How often do I anticipate (or am I) applying what was learned?
- o Daily
- o Weekly
- o Monthly
- o Quarterly
- o Annually
- o Never

As a result of this [Name of Peer Networking Activity, Event or Webinar], <how often, over the past six month do you anticipate engaging/have engaged with other attendees outside of official activities?
- o Never
- o Once
- o Every Few Months
- o Monthly
- o A Few Times a Month
- o Weekly
- o Two to Three Times a Week

I have discovered new tools, ideas, & ways of thinking from the relationships developed during the [Name of Learning Experience, Name of Peer Networking Activity]? < yes/no> Please explain

As a result of my participation/involvement in the [Name of Peer Networking Activity, Event or Webinar], I developed new relationships with ...
- o [Insert options that are relevant to the target audience]

I am involved in the following aspect of the Center for States capacity building services:
- o Select all that apply:
- o State team working with liaison
- o Participating in constituency group
- o Registered for one of the Center's learning
- o Learning Experiences (such as the CQI Training Academy, etc.)

I am involved in the following aspect of the Center for Tribes capacity building services:
- o Select all that apply:
- o Tribal team working with Center liaison
- o Participating in a constituency group
- o Registered for one of the Center's learning experiences
- o Center for Tribes staff
- o Other (please describe) _____

How did you learn about the [Name of Peer Networking Activity, Event or Webinar]? (Check all that apply)
- o Capacity Building Collaborative webpage
- o Center for States staff
- o Center for Tribes staff person
- o Listserv
- o Colleague
- o Hard-copy publication
- o Advertisement (please specify)
- o Search engine (e.g., Google, Yahoo)
- o Social media (e.g., Facebook, Twitter, YouTube)
- o Conference or presentation (please specify)
- o Link from another webpage (please specify)
- o Children's Bureau
- o Other (please specify):_____

Which of the following best describes your workplace? (Check one)
- o State public agency
- o Local or county public agency/organization
- o Federal agency
- o Legislature
- o Non-profit (e.g. community-based organization, faith-based organization)
- o Tribal agency/organization
- o Training and technical assistance provider
- o Capacity Building Center for States
- o Capacity Building Center for Tribes
- o Capacity Building Center for Courts
- o Children's Bureau
- o Other (Please describe)

Which of the following best describes your position? (Check one)
- o Administrative Leadership (directors/deputies)
- o Training Department
- o Supervisors
- o Case Workers/Direct Practice Workers
- o Data Mangers & IT staff
- o Court/Attorney Data Managers & IT Staff
- o Foster Care Managers
- o Adoption Mangers
- o Intern/Volunteer
- o Other (Please describe)

How many years of service do you have in your current profession? (Check one)
- o   Less than 1 year
- o   1–5 years of service
- o   6–10 years of service
- o   11–15 years of service
- o   16+ years of service