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OMB Control No. 0970-0494
Expiration Date: xx/xx/xx

CapLEARN Registration Form

CapLEARN is designed to promote learning and support professional development. Please take a moment to create a CapLEARN account. Completion of this form should take approximately 5 minutes. The information that you share will be only be used to help us evaluate and improve our products and services. In some cases, we may contact you to learn about your experience with CapLEARN. Your privacy is important. Your personal information, participation, and CapLEARN scores will be kept private, unless you choose to share them (for example, to create a certificate of completion that can be used to apply for Continuing Education Units). Completion of this form is voluntary.

Fields marked with an asterisk (*) are required.

Section 1

New CapLEARN Field Name	New CapLEARN Field Type
First Name*	Text
Last Name*	Text
Address (Select One)*	Picklist (All states, U.S. territories)
E-mail address*	Text
E-mail address confirmation*	Text
Age (Select One)	19 or under 20-29 30-39 40-49 50-59 60-69 70 or over

Gender (Select One)	Female Male Transgender
Race/Ethnicity (Select One or More)	American Indian/Alaska Native Asian Black/African American Hawaiian/Other Pacific Islander Hispanic/Latino White Other (Write-In)
Which best describes you? (Select All That Apply)*	Child Welfare Professional Other Health or Human Services Professional Legal Professional Education Professional Student/Intern Current or Former Foster Youth Biological Parent/Relative Caregiver/Family Member Non-Relative Foster or Adoptive Family Member Community Member/Community Leader/Tribal Elder Other (Write-In)
Which best describes your employer/organization? (Select One)*	Not Applicable State Child Welfare Agency County Child Welfare Agency Territorial Child Welfare Agency Tribal Child Welfare Agency State or County Court/Legal System Tribal Court/Legal System Private Child Welfare Agency Under Contract for Services Community-Based Service Provider Child Welfare Training Academy/Agency Local Government/Tribal Council Law Enforcement Organization Primary Care/Health Care Services Provider Behavioral/Mental Health Services Provider

	Substance Abuse Services Provider
	Domestic Violence Services Provider
	Juvenile Justice Organization
	Primary/Secondary Education
	College/University (non Child Welfare Training Organization)
	Technical Assistance Provider
	Federal Government
	Other (Write-In)
Employer/Organization	Text
Job Title	Text

Section 2

New CapLEARN Field Name	New CapLEARN Field Type
<i>What is your primary role in the agency (Select One)*</i>	Agency Director/Deputy Director Program/Middle Manager Supervisor Caseworker/Direct Practice Worker/Frontline staff Policy Writer/Coordinator Federal Requirements/Reporting Lead/Coordinator(e.g. CFSR, CFSP, PIP) CQI/QA staff (e.g. director, analyst, case reviewer) Training Director/Trainer/Curriculum Developer Family Leader/Partner Youth Leader/Partner Court Appointed Special Advocate (CASA) Student Intern Other (Write-In)
<i>Which of the following best describes your primary work responsibilities in the agency? (Select Up to Three)*</i>	Administration Workforce Development/Training Continuous Quality Improvement/Evaluation Information Technology/SACWIS/Data Systems Indian Child Welfare Act Primary Prevention Child Protective Services

	<p>In-home Services/Promoting Safe and Stable Families Foster Care- Case Management Foster Care – Recruitment/Training/Licensing of Resource FamiliesAdoption/Guardianship Youth in Transition/Chafee/Independent Living Programs Other (Write-In)</p>
Which of the following best describes your primary role? (Select One)*	<p>CIP or TCIP Director/Coordinator CIP or TCIP Staff Judge Attorney for Child Welfare Agency Attorney for Parent Attorney for Child Attorney Guardian Ad Litem Court Administrative Officer Court/Attorney Data Manager/IT Staff Court Appointed Special Advocate/Non-attorney GAL/Advocate Court Case Worker/Social Worker Other (Write-In)</p>
Which of the following best describes your primary role? (Select One)*	<p>Dean/Director/Administrator Teaching Faculty Research Faculty/Staff (non-teaching role) Student Other (Write-In)</p>

Section 3

New CapLEARN Field Name	New CapLEARN Field Type
For which State, County, or Territorial Government, do you work or provide contracted services? (Select All That Apply)*	<p>Not Applicable Picklist (All States and U.S. Territories) Other (Write-In)</p>
For which Tribe or Tribal Consortia do you work or provide contracted services? (Select All That Apply)*	<p>Not Applicable Picklist (All title IV-B and IV-E Tribes) Other (Write-In)</p>

Section 4

New CapLEARN Field Name	New CapLEARN Field Type
<i>How many years of experience do you have working in child welfare? (Select One)*</i>	<ul style="list-style-type: none"> • Not Applicable • Less than 1 year • 1–5 years of service • 6–10 years of service • 11–15 years of service • 16+ years of service
<i>What was the highest level of education you completed? (Select One)*</i>	<ul style="list-style-type: none"> • Some K-12 education (or equivalent) • High school graduate (or equivalent) • Some college (1-4 years, no degree) • Associate’s degree (including occupational or academic degrees) • Bachelor’s degree (BA, BS, AB, BSW, etc.) • Master’s degree (MA, MS, MSW, etc.) • Doctoral degree (MD, JD, PhD, EdD, etc.)
<i>If you have a degree in social work, what type of degree do you have? (Select All That Apply)*</i>	<ul style="list-style-type: none"> • Not applicable • BSW or equivalent • MSW or equivalent • PhD or DSW
<i>In a sentence or two please share why you are registering for CapLEARN?</i>	Text
<i>How did you first learn about CapLEARN?</i>	<ul style="list-style-type: none"> • Electronic newsletter (e.g. CAPNews) • Collaborative website • Social media (e.g. LinkedIn, Facebook) • Child Welfare Virtual Expo • In-Person Conference • TA Provider • Supervisor/colleague • Other