**OMB Control No. 0970-0494**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to tailor capacity building products and services to better meet the needs of child welfare professionals. Public reporting burden for this collection of information is estimated to average 2 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Brian Deakins at the Children’s Bureau, Administration for Children and Families by email at [Brian.Deakins@acf.hhs.gov](mailto:Brian.Deakins@acf.hhs.gov).

**Expiration Date: xx/xx/xx**

# **Webinar Registration Form**

Completion of the webinar registration form should take approximately 2 minutes. The information that you share will be only be used to help us evaluate and improve our webinars. In some cases, we may contact you to learn about your experience with the webinar. Your privacy is important. Your personal information will be kept private. This is a Capacity Building Collaborative event and, as such, information provided during registration may be shared with the Children’s Bureau. Information may also be used for Capacity Building Collaborative evaluation purposes with identifying information held in confidence and all reporting done in aggregate. Completion of this form is voluntary.

**Fields marked with an asterisk (\*) are required.**

**Section 1**

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| --- | --- |
| **New CapLEARN Field Name** | **New CapLEARN Field Type** |
| E-mail address\* | Text |
| First Name\* | Text |
| Last Name\* | Text |
| Jurisdiction\* | Pick List of 50 States, US Territories, and Other |
| Job Title | Text |
| Employer/Organization\* | Text |
|  |  |
| ***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 |
| ***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 |
| ***For those who work in a Child Welfare Agency, what is your primary role? (Select One)*** | 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 |
| ***Which of the following best describes your primary work responsibilities in the agency? (Select Up to Three)*** | Administration  Workforce Development/Training  Continuous Quality Improvement/Evaluation  Information Technology/SACWIS/Data Systems  Indian Child Welfare Act  Primary Prevention  Child Protective Services  In-home Services/Promoting Safe and Stable Families  Foster Care- Case Management  Foster Care – Recruitment/Training/Licensing of Resource Families  Adoption/Guardianship  Youth in Transition/Chafee/Independent Living Programs  Other |
| ***For Court and Legal Professionals, which of the following best describes your primary role?* (Select One)** | 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 |
| ***For education and university professionals, which of the following best describes your primary role? (Select One)*** | Dean/Director/Administrator  Teaching Faculty  Research Faculty/Staff (non-teaching role)  Student  Other |
| ***How many years of experience do you have working in child welfare? (Select One)\**** | * 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 |
| ***What was the highest level of education you completed? (Select One)\**** | * 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.) |
| ***If you have a degree in social work, what type of degree do you have? (Select All That Apply)\**** | * Not applicable * BSW or equivalent * MSW or equivalent * PhD or DSW |
| ***If you are joining in a group, please enter the total number of participants?*** | Number |
| ***One of the below open ended question will be added to each event registration:*** | |
| *OPTIONAL*  What would be important for you to learn from this event? | Open ended |
| *OPTIONAL*  Do you have any questions you would like to submit to the organizers or presenters ahead of the event? | Open ended |
| *OPTIONAL*  Questions/Comments | Open ended |