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

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.

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

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?	Child Welfare Professional
(Select All That Apply)*	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	Not Applicable
employer/organization?	State Child Welfare Agency
(Select One)*	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	Agency Director/Deputy Director
Child Welfare Agency, what	Program/Middle Manager
is your primary role? (Select	Supervisor
One)	Caseworker/Direct Practice Worker/Frontline staff
	Policy Writer/Coordinator

Г	
	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	Administration
describes your primary work	Workforce Development/Training
responsibilities in the	Continuous Quality Improvement/Evaluation
agency? (Select Up to Three)	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	CIP or TCIP Director/Coordinator
Professionals, which of the	CIP or TCIP Staff
following best describes your	Judge
primary role? (Select One)	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	Dean/Director/Administrator

	[
professionals, which of the	Teaching Faculty
following best describes your	Research Faculty/Staff (non-teaching role)
primary role? (Select One)	Student
	Other
How many years of	Not Applicable
experience do you have	Less than 1 year
working in child welfare?	• 1-5 years of service
(Select One)*	6-10 years of service
	• 11–15 years of service
	16+ years of service
What was the highest level	Some K-12 education (or equivalent)
of education you completed?	High school graduate (or equivalent)
(Select One)*	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	Not applicable
work, what type of degree	BSW or equivalent
do you have? (Select All That	MSW or equivalent
Apply)*	PhD or DSW
If you are joining in a group,	Number
please enter the total	
number of participants?	
	question will be added to each event registration:
OPTIONAL	Open ended
What would be important for	
you to learn from this event?	
OPTIONAL	Open ended
Do you have any questions	
you would like to submit to	
the organizers or presenters	
ahead of the event?	
aricaa or tric everit.	

OPTIONAL	Open ended
Questions/Comments	