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 **Expiration Date: XX/XX/XXXX**

### Innovation Pilot Survey

The Capacity Building Collaborative is committed to continuously improving the relevance and utility of services provided and we are asking for your participation in a survey focused on the [Specific Innovation] used during [Service name]. Your feedback will help us strengthen our services to better meet your needs. Your participation is voluntary, and your responses will be reported anonymously. It should take about 5 minutes to complete the survey. If you have any questions, please contact the Center’s evaluation lead, Christine Leicht (christine.leicht@icf.com).

1. Rate your level of agreement with each of the following statements.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Agree | Strongly Agree | N/A | Don’t Know |
| [Specific Innovation] helped me stay engaged during this <service/event>. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | DK |
| [Specific Innovation] helped the <service/event> achieve its goals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | DK |
| [Specific Innovation] encouraged me to interact with others.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | DK |
| [Specific Innovation] improved my ability to learn what was shared.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | DK |
| I am more likely to participate in a future [service/event] if I knew [Specific Innovation] was going to be utilized.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | DK |
| [Specific Innovation] enhanced the overall quality of the <serve/event>. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | DK |
| I would participate in [service type] using [Specific Innovation] again. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | DK |

1. Please describe your experience with [Specific Innovation]:

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1. Please choose one of the following regarding your experience with [Specific Innovation]

( ) I encountered no challenges with my participation

( ) I had challenges with [Specific Innovation] but was still able to participate.

Describe challenge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I had challenges with [Specific Innovation] and was unable to participate.

Describe challenge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you suggest the Center engage other people with [Specific Innovation]?

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1. The Center is piloting [Specific Innovation], what suggestions do you have for future improvements?

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1. What are the key aspects of [Specific Innovation] that contributed to its usefulness?

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1. Which of the following best describes your employer/organization?

( ) 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 or Community-based Child Welfare 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

( ) Technical Assistance Provider

( ) Federal Government

( ) Other

1. What is your primary role in the agency?

( ) Agency Director/Deputy Director

( ) Program/Middle Manager

( ) Supervisor

( ) Caseworker/Direct Practice Worker/Frontline staff

( ) Parent Partner

( ) Other

1. 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 or Secondary Prevention

[ ] Child Protective Services

[ ] In-home Services/Promoting Safe and Stable Families

[ ] Foster Care/Placement/Licensing/Reunification

[ ] Adoption/Guardianship

[ ] Youth in Transition/Chafee/Independent Living Programs

[ ] Other

C) Which of the following best describes your primary role?

( ) 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

1. Which of the following best describes your primary role?

( ) Dean/Director/Administrator

( ) Teaching Faculty

( ) Training Academy Leadership/Staff

( ) Research Faculty/Staff (non-teaching role)

( ) Student

( ) Other

1. You selected other, please provide your type of organization and the role you currently serve.

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