

***Targeted respondent: Principals***

OMB CONTROL NUMBER: 0704-XXXX  
OMB EXPIRATION DATE: XX/XX/XXX

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0704-XXXX, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

## Informed Consent

Thank you for your interest in sharing your views and experiences about the Child and Youth Behavioral-Military Family Life Counseling (CYB-MFLC) program. The purpose of this study is to learn more about your experiences with how the CYB-MFLC program serves military children and families. We are particularly interested in your impressions of how well the CYB-MFLC program is working to address the needs of military children, whether there are any unmet needs that could be met by the program, and what you think are the emerging needs of military children.

This study is sponsored by the Office of Military Family and Community Policy within the Office of the Secretary of Defense. The study is being conducted by the RAND Corporation, a non-profit research organization.

Your participation is completely voluntary, and you are under no obligation to answer any questions you do not feel comfortable answering. You can stop participating in the survey at any time. RAND will keep all information you provide on the survey confidential and will not share the names or affiliations of survey participants with anyone outside of the RAND study team. The information you provide will help us understand how the CYB-MFLC program is addressing the needs of military children and how it could be positioned to meet the emerging needs of military children. The information you provide will be combined with that collected from other survey participants and presented collectively in a final report that RAND will present to DoD and release to the public.

If you have any technical issues in taking this survey, please contact Survey Help [[link to send email to technical assistance](#)].

If you have any questions about the purpose or content of the survey, please send them to:

Thomas Trail

Thomas\_Trail@rand.org

(703) 413-1100 ext. 5681

Press the Continue button if you agree to do the survey. You can print a copy of this Informed Consent Statement by clicking the following link [[Insert link to consent pdf](#)].

## CYB-MFLC Needs Assessment Survey Draft

### First, we would like to ask you a few questions about your school

1. At what type of school/program do you work (check all that apply)?
  - a. Elementary school
  - b. Middle school
  - c. High school
2. Is this a DoDEA (Department of Defense Education Activity) school?
  - a. Yes
  - b. No
3. How many students do you serve in your school? \_\_\_\_\_
4. *[if Q2=No]* What percentage of the students in your school are military connected?
  - Less than 10 percent
  - 10.0 – 25.0 percent
  - 25.1 – 50.0 percent
  - 50.1 – 75.0 percent
  - 75.1 percent or higher
5. Where is your school located?
  - 5a. Country: *[drop-down menu with countries]*
  - 5b. *[If country is USA]* State: *[drop-down menu with states]*
  - 5c. At which military installation are you located? (response optional) \_\_\_\_\_
6. Would you characterize the location of your school as:
  - a. Urban
  - b. Suburban
  - c. Rural
7. To which branch(es) of Service are the military children you serve connected? Please rank in order of most students to least (if you only serve one branch, rank it as “1” and leave the others blank).
  - Army
  - Navy
  - Air Force
  - Marine
  - Other (specify): *Please do not include any personally identifiable information*  
\_\_\_\_\_
8. Please describe the mental and behavioral health resources available to children, youth and families in your area and how easy it is for families to access those services?
  - a. Mental and behavioral health resources are available and easy to access

- b. Mental and behavioral health resources are available but difficult for families to access (e.g., long wait times, high cost)
  - c. Mental and behavioral health resources are not readily available
9. Please describe the social emotional support resources available to children, youth and families in your area and how easy it is for families to access those services? For example, youth mentoring programs, support programs offered through public libraries, family centers etc.
- a. Social emotional support resources are available and easy to access
  - b. Social emotional support resources are available but difficult for families to access (e.g., long wait times, high cost)
  - c. Social emotional support resources are not readily available

10. How many CYB-MFLCs serve your school? \_\_\_\_\_

11. How familiar are you with the roles and responsibilities of the CYB-MFLC in your school?

- Not at all familiar
- A little familiar
- Somewhat familiar
- Very familiar
- Extremely familiar

**Next we would like you to think about the mental health staff available to work with students and staff in your school. For the following questions, please exclude any support provided by the CYB-MFLC[s].**

12. Please indicate which of the following mental health staff work in your school, either part-time or full-time:

	None	Part-time	Full-time
Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health professional (specify): <i>Please do not include any personally identifiable information</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do CYB-MFLCs contribute and/or attend committees for high risk students or similar meetings at your school?

- Attend for observation only
- Attend and actively contribute to the team
- Do not attend but share relevant information with the team
- Do not attend and do not share relevant information
- Other (specify) *Please do not include any personally identifiable information:*
- Don't know

13a. How would you prefer CYB-MFLCs support committees for high risk students or similar meetings at your school?

- Attend for observation only
- Attend and actively contribute to the team
- Do not attend but share relevant information with the team
- Do not attend and do not share relevant information
- Other (specify) *Please do not include any personally identifiable information:*
- Don't know

**The needs of children and adolescents in a community change over time. We are interested in learning about the issues you are currently seeing among the children and adolescents in your school that could be supported by CYB-MFLCs, and those issues you anticipate emerging in the near future.**

14a. The following table lists a range of behaviors affecting a child's own health. Please indicate which of these issues you are currently seeing among children in your school and which issues you anticipate emerging in the near future.

*[Randomize order of presentation]*

	Not applicable	Is a current issue	Is an emerging issue
Addiction to gaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too much screen time or social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unhealthy eating habits (e.g., junk food, under or over-eating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep health and sleep problems (e.g., sleepiness during the day, insomnia, irregular sleep patterns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine-Smoking/Vaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing of sexually explicit content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rule-breaking behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School truancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactivity (e.g., cannot sit still)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme risk-taking (e.g., stunts, reckless driving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14b. The following table lists a range of social behavior issues. Please indicate which of these issues you are currently seeing among children in your school and which issues you anticipate emerging in the near future.

*[Randomize order of presentation]*

	Not applicable	Is a current issue	Is an emerging issue
Aggression/violence (e.g., verbal or physical fights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online stalking, coercion, cyber-bullying,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

discrimination			
Risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen dating violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of social engagement/ withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social problem/peer relationship problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14c. The following table lists a range of emotional needs. Please indicate which of these issues you are currently seeing among children in your school and which issues you anticipate emerging in the near future.

*[Randomize order of presentation]*

	Not applicable	Is a current issue	Is an emerging issue
Social anxiety/attachment issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health problems (e.g., depression, anxiety, self-harm or suicidality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social isolation/loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability/emotional regulation problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatic complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14d. The following table lists a range of executive function issues. Please indicate which of these issues you are currently seeing among children in your school and which issues you anticipate emerging in the near future.

*[Randomize order of presentation]*

	Not applicable	Is a current issue	Is an emerging issue
Difficulty with time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty prioritizing tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with test taking or homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14e. The following table lists a range of parental or family issues. Please indicate which of these issues you are currently seeing among children in your school and which issues you anticipate emerging in the near future.

*[Randomize order of presentation]*

	Not applicable	Is a current issue	Is an emerging issue
Geographic separation/ reintegration/ deployment issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying children experiencing or at risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

for abuse

Parental divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent-child conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing for parent retirement/ separation from the military	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition/ adjustment to new location or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14f. Are there any other issues not listed that you are currently seeing or anticipate seeing among children in your school? Please list them below:

[Allow up to five responses:]

	Is a current issue	Is an emerging issue
Other issue <i>[open ended]</i> : Please do not include any personally identifiable information	<input type="checkbox"/>	<input type="checkbox"/>

[For each issue checked as current or emerging in question 14a, b, c, d, e, and f, ask:]

15. Please indicate the extent to which you have the resources you need to meet each need now and in the near future:

	Do you have the resources to address this need now?	Do you have the resources to address this need in the future?
To be populated with each problem checked as a current or emerging problem in question 14a, b, c, d, e, and f,	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

[For each issue checked as current or emerging in question 14a, b, c, d, e, and f, ask:]

16. Which of these are the greatest challenges at your school (select up to three):

To be populated with each issue checked as current or emerging in question 14a, b, c, d, e, and f,	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

17. Below is a list of strategies that can be used to address the emotional and behavioral health needs of students and staff. Please select any strategies you are currently using. Also indicate which strategies you need additional resources to implement to better address the behavioral health needs of students and staff in your school (Check all that apply)

	Is a current strategy used at my school	Strategy is needed at my school	This strategy is not needed at my school
Anti-bullying programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence prevention (e.g., dating, conflict resolution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social emotional learning programs (e.g., growth mindset, resilience)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-based mental health and substance use services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive behavioral intervention and supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A school wellness team, or other effort to make mental wellness part of an overall wellness strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher wellness programs and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health stigma reduction programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A trauma-informed program or approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active partnerships with community mental health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An established process for regular school-wide behavioral health screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional regulation skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting students to adjust to divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent management training or parent training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <i>Please do not include any personally identifiable information</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*[For each strategy checked as current or needed in question 17, ask:]*

17a. Please indicate the extent to which you have the resources you need to implement each strategy now and in the near future:

	I have the resources to implement both now and in the future	I do not have the resources to implement now or in the future	I have the resources now, but I will likely need additional resources to implement in the future
<i>To be populated with each strategy checked as a current or emerging need in question 17</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



[For each strategy checked as current or needed in question 17, ask:]

17b. Which of these strategies are most needed at your school (select up to three):

To be populated with each strategy checked as a current or emerging need in question 17

**We'd now like you to think about the role of CYB-MFLCs in helping you to meet the needs of students in your school.**

18. Which of the following services are provided by CYB-MFLC[s] at your school and which are needed? (check all that apply)

Service	CYB-MFLC currently provides	CYB-MFLC does not currently provide, but is needed	This service is not needed at my school	Don't know
Individual counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual child screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk around interactions with children and youth (e.g., in lunchrooms, hallway)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching and role modeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom or activity observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping with classroom or activity transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group education/skills trainings (e.g., anti-bullying, drinking, safety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programming consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal skills training for teachers or staff (e.g., on military culture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal training, advice and mentoring of teachers or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainings for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual support for parents (in context of supporting child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to clinical or other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <i>Please do not include any personally identifiable information</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Thinking about all of the services provided to students at your school, how much overlap is there between the services provided by CYB-MFLC[s] and the other services available to students?

- a. No overlap--the CYB-MFLC offers unique services not otherwise available to students
- b. Some overlap
- c. A lot of overlap
- d. Complete overlap--all CYB-MFLC services are provided by other entities within the school

19a. *[If Q19=b,c,d]* Please explain what services overlap:

*Please do not include any personally identifiable information [open-ended]*

20. Please rate how well you think CYB-MFLCs are performing each of the following tasks:

	Very well	Somewhat well	Not at all well	N/A	Don't know
Coordinating activities with the school counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating activities with other school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating activities with the School Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating activities with the Training Curriculum Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating activities with the CYS Coordinator/Flight Chief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating activities with other MFLCs serving the students (e.g., in a student's School Age Care Program/Youth Center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with the school counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with other school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with the School Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with the Training Curriculum Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with the CYS Coordinator/Flight Chief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing relationships with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <i>Please do not include any personally identifiable information</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How knowledgeable are the CYB-MFLC[s] in your school about installation and civilian resources for referrals?

- a. Not at all knowledgeable
- b. A little knowledgeable
- c. Somewhat knowledgeable
- d. Very knowledgeable
- e. Extremely knowledgeable

21a. *[If Q21=a, b, c]* Please provide additional details about the CYB-MFLC[s] knowledge of installation and civilian resources for referrals:

*Please do not include any personally identifiable information [open-ended]*

22. How effective do you think the CYB-MFLC[s] are in meeting the needs or emerging needs of [military] students in your school?

- a. Not at all effective
- b. Somewhat effective
- c. Effective
- d. Extremely effective

23. How can CYB-MFLCs better support the current or emerging needs of students in your school:

*Please do not include any personally identifiable information [open-ended]*

24. Overall, how satisfied are you with the services provided by the CYB-MFLC[s] in your school?

- a. Not at all satisfied
- b. A little satisfied
- c. Somewhat satisfied
- d. Very satisfied
- e. Extremely satisfied

24a. *[If Q24=a, b, c]* Please explain why you are less satisfied with the services provided by the CYB-MFLC[s]:

*Please do not include any personally identifiable information [open-ended]*

**For the next set of questions, please think about whether CYB-MFLCs have had the right level of training and expertise to support students and staff at your school.**

25. How qualified are CYB-MFLCs to work with students in the age range that you serve?

- Not at all qualified
- Somewhat qualified
- Very qualified
- Extremely qualified

26. How qualified are CYB-MFLCs to work with your staff?

- Not at all qualified
- Somewhat qualified
- Very qualified
- Extremely qualified

27. What additional types of qualifications/training/skills would be most helpful  
*Please do not include any personally identifiable information [open-ended]*?

28. Do you think that the CYB-MFLC[s] in your school need additional supervision from the program?

Would you say that the CYB-MFLC[s]:

- a. Need much more supervision
- b. Need some additional supervision
- c. Do not need any additional supervision

28a. *[If Q28=a,b]* Please explain the CYB-MFLC[s] need for additional supervision from the program:

*Please do not include any personally identifiable information [open-ended]*

29. Thinking about the time CYB-MFLC[s] spend performing the following tasks, would you say that they spend too much time, the right amount of time, or not enough time on each task?

	Too much time	The right amount of time	Not enough time
One-on-one counseling with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building rapport with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group meetings/trainings with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modeling appropriate interactions and behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting with or training teachers and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <i>Please do not include any personally identifiable information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. The CYB-MFLC program has a number of policies in place to protect the confidentiality of students and families. For the following, please provide thoughts you have about the challenges and benefits of these policies for best serving the students in your school:

- a. MFLCs cannot share information about a child/family with other school staff.

Your thoughts on the challenges and benefits of this policy:

*Please do not include any personally identifiable information [open-ended]*

- b. MFLCs cannot contact parents directly.

Your thoughts on the challenges and benefits of this policy:

*Please do not include any personally identifiable information [open-ended]*

31. To what extent do you see the CYB-MFLC program as a valuable resource for your school?

- Not at all valuable
- A little valuable
- Somewhat valuable
- Very valuable
- Extremely valuable

32. How could the CYB-MFLC program be modified to better meet the current or emerging needs of [military] students at your school?

*Please do not include any personally identifiable information [open-ended]*

33. Is there anything else you want to tell us about the CYB-MFLC program (e.g., comments on CYB-MFLC policies, skills or capabilities of CYB-MFLCs)?

*Please do not include any personally identifiable information [open-ended]*