

CAPE-Youth

Sign-Up Information and Preliminary Demographics for PD Study

Group Concept Mapping and Interviews

OMB Control No: 1230-0NEW

Expiration Date: XX/XX/20XX

CONTENT THAT WILL BE IN CORNELL QUALTRICS TO SIGN UP

Intro Paragraph

CAPE-Youth is conducting a group concept mapping (GCM) and interview process in an effort to strengthen service integrity and to align professional development efforts and resources across the myriad of systems serving youth and young adults with disabilities. Our target audiences are professionals representing K-12/Secondary Education, Postsecondary Education, Career and Technology Education, Vocational Rehabilitation (VR), Workforce Systems, Credentialing Entities, Other Professional/Membership Organizations, and Other Youth Serving Agencies.

Professionals in the roles of:

- teachers, coordinators, directors;
- VR counselors, managers, trainers/training coordinators;
- youth/transition coordinators;
- disability service coordinators;
- higher education instructors/professors; and
- service providers for youth with disabilities or trainers of those who do provide such services (e.g., providers of professional development and credentialing entities).

1. If you (a) represent any of the targeted categories and positions, and (b) are interested in participating, you are eligible to participate in the Group Concept Mapping and interviews. Would you be interested in participating in this exploration?

- Yes (If you answer yes, we will be in touch soon regarding the steps in the process, including information about dates and times. Please move on to the next item to complete the contact information to be included in further steps of the process.)
- No
- Maybe; I would like more information about the group concept mapping and interviews and want to ensure I fit in the target categories. (If you select maybe, complete the rest of the items, and we will contact you to provide more information and answer any questions.)

2. Consent (Please read the entire consent before responding to this item.)

- o I have read the Cornell consent, and I **do** consent to participate in the PD Study Group Concept Mapping.

CAPE-Youth

Sign-Up Information and Preliminary Demographics for PD Study

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- I have read the Cornell consent, and I **do not** consent to participate in the PD Study Group Concept Mapping.

3. First Name

4. Last Name

5. Email address

6. Preferred contact telephone number

7. Your professional role/position (open text box)

8. Please indicate your **primary** field of work

- a. Pre-K-12/Secondary Education
- b. Community College
- c. 4-year College/University
- d. Career and Technology Education
- e. Developmental Disability Agency
- f. Vocational Rehabilitation (VR)
- g. Title I WIOA-Funded Workforce Systems
- h. Title II Adult Education
- i. Child Welfare
- j. Juvenile Justice
- k. Mental Health Agency
- l. Social Security Administration
- m. Professional Associations
- n. Nonprofit Organizations
- o. Other Youth Serving Agencies (Please indicate)

9. Please indicate each of the meeting platforms for which your organization allows you to participate in secure meetings (select all that apply).

- p. Adobe Connect

CAPE-Youth

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- q. Microsoft Teams
- r. WebEx
- s. Zoom requiring all participants to enter a meeting ID and password
- t. Other—Please indicate
- u. None of the above

10. Please indicate any accommodations you may require to participate in GCM, interviews, and/or virtual meetings (select all that apply).

- v. I require an ASL interpreter as an accommodation.
- w. I require captioning as an accommodation.
- x. I require large print materials as an accommodation.
- y. I require electronic materials that are compatible with screen readers as an accommodation.
- z. Other (please describe)
- aa. I do not require any accommodations.

11. Do you work in a state or locality where training is mandatory?

- a. Yes
 - i. Are you also able to engage in PD in areas of need/interest?
 - 1. Yes
 - 2. No
- b. No

12. For the agency/company in which you work now, does it require specific credentials for those professionals who work with youth with disabilities?

- a. Yes
 - i. What credentials are required of those who work with youth with disabilities? (open text box)
- b. No

CAPE-Youth

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Expiration Date: XX/XX/20XX

Closing Information

Thank you for providing us with your information. We welcome all who choose to participate and will provide alternative methods for engaging in the Group Concept Mapping and interviews to meet all learning and communication needs. If you would like to talk with us about any part of this process, or to inquire about target participants, please contact Kim Osmani at kosmani@cornell.edu. Also, if you have colleagues who you believe would be a good fit for this study, please share the questionnaire link with them. We appreciate your time.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB Control Number for this information collection is xxxx-xxxx. The time required to participate in the group concept mapping process is estimated to average 100 minutes and the time required to participate in the interviews is estimated to be 90 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to US Department of Labor, Office of Disability Employment Policy, 200 Constitution Ave., N.W. Washington, DC 20210 and reference the OMB Control Number xxxx-xxxx.

CAPE-Youth

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Privacy Act Statement Collection and Use of Personal Information

The following statement is made in accordance with the Privacy Act of 1974 (5. U. S. C. 552a). Information collected will be handled and stored in compliance with the Freedom of Information Act and the Privacy Act of 1974, as amended (5 U.S.C. 552a). Furnishing the data requested is voluntary.

We will use the data you provide for the CAPE-Youth Research Project, funded by The United States Department of Labor, Office of Disability Employment Policy. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.