

Brief Event Survey

PURPOSE: For universal services events and peer events with over 100 registrants hosted by the Center for States, a survey will be created in on-line survey software to gather feedback that can inform project planning.



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PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather feedback on 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 6 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. The control number for this project is 0970-XXX. The control number expires on XX/XX/XXXX. If you have any comments on this collection of information, please contact Beth Claxon, ACF, Administration on Children, Youth and Families (ACYF) by e-mail at Beth.Claxon@acf.hhs.gov.

Instructions for On-line Survey Development

For universal services events and peer events with over 100 registrants hosted by the Center for States, a survey will be created in on-line survey software to gather feedback that can inform project planning. Given the changing nature and context of each event, it is important to be able to get feedback from recipients without creating undue burden by answering excessive questions that only marginally apply. To address this, the survey will be tailored to the unique information needs of each event to ensure low burden while informing high quality service provision. Optional product questions should be included if a Center product is used or marketed as part of the event.

When creating each on-line survey, content specialists will use the required questions listed below and choose additional context-specific optional questions that can be added to the survey, as needed. This will allow for unique information needs to be met. It is expected that each tailored survey will have no more than 25 questions, including 16 required questions and a maximum of 9 optional general and product questions, with a burden of 6 minutes on average.

Required Questions

(6 required questions + 4 outcome questions + 6 demographic questions= 16 total required questions)

Please rate your agreement with the following statements about the Peer Learning Activity or Event:

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
Overall, I was satisfied with the [Peer Learning Activity or Event].	SD	2	3	4	5	6	SA	NA	DK
The content of the [Peer Learning Activity or Event] felt relevant to the values and context of my agency.	SD	2	3	4	5	6	SA	NA	DK
As a result of the information I learned through	SD	2	3	4	5	6	SA	NA	DK

the [Peer Learning Activity or Event], I will be more effective in my work.									
The information I learned through the [Peer Learning Activity or Event] will be helpful in my work.	SD	2	3	4	5	6	SA	NA	DK
What aspects of the event were most relevant and useful for your work? _____									
What additional assistance do you or your organization need with this topic? _____									
Required Outcome Questions (Select up to 4)									
The information provided during the [Peer Learning Activity or Event] helped me to better understand the [Topic].	SD	2	3	4	5	6	SA	NA	DK
The [Peer Learning Activity or Event] has increased my knowledge about [Topic].	SD	2	3	4	5	6	SA	NA	DK
The [Peer Learning Activity or Event] has increased my practical skills regarding [Topic].	SD	2	3	4	5	6	SA	NA	DK
I have discovered new tools, ideas, & ways of thinking from the relationships developed during the [Peer Learning Activity or Event].	SD	2	3	4	5	6	SA	NA	DK
As a result of my involvement in the [Peer Learning Activity or Event], I have improved my connections with peers/colleagues.	SD	2	3	4	5	6	SA	NA	DK
Provide a specific example of how the Peer Learning Event has improved your relationship with peers or benefitted your work: _____									
As a result of this [Peer Learning Activity or Event], how often do you anticipate engaging with other attendees outside of official activities?									
<input type="radio"/> Never <input type="radio"/> Once <input type="radio"/> Every Few Months									

<ul style="list-style-type: none"> <input type="radio"/> Monthly <input type="radio"/> A Few Times a Month <input type="radio"/> Weekly <input type="radio"/> Two to Three Times a Week 	
<p>Please select the various ways you plan to apply the information from this [Peer Learning Activity or Event] in your work. (Select all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Support program improvement <input type="radio"/> Support policy development <input type="radio"/> Provide information to clients/families <input type="radio"/> Provide information to my peers <ul style="list-style-type: none"> ▪ SKIP PATTERN: If 'provide information to clients/families' or 'provide information to my peers' is selected: How many people are you planning to share with? _____ <input type="radio"/> Support public awareness/advocacy efforts <input type="radio"/> Grant writing/Fundraising <input type="radio"/> Train staff/colleagues <ul style="list-style-type: none"> ▪ SKIP PATTERN: If 'train staff/colleagues' is selected then: In what setting will this information be used? <ul style="list-style-type: none"> <input type="radio"/> Formal Training with Co-Workers <input type="radio"/> Informal Training with Co-Workers <input type="radio"/> Distribute Materials to Co-Workers <input type="radio"/> Classroom/University <input type="radio"/> Train the Trainer <input type="radio"/> Other <input type="radio"/> Conduct research & evaluation <input type="radio"/> My own professional development <input type="radio"/> I will not be able to apply this to my work <input type="radio"/> Other (Please describe): _____ 	

In which State/Territory/Tribe do you work? _____ (pull down list)

Which best describes your 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 (please describe): _____

What is your primary role?

CW professional response options

- Agency Director/Deputy Director
- Program/Middle Manager
- Supervisor

- Caseworker/Direct Practice Worker/Frontline Staff
- Parent Partner
- Other (please describe): _____

Court professional response options

- CIP or TCIP Director/Coordinator
- CIP or TCIP Staff
- Judge
- Attorney for CW 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 (please describe): _____

Education professional response options

- Dean/Director/Administrator
- Teaching Faculty
- Training Academy Leadership/Staff
- Research Faculty/Staff (non-teaching role)
- Student
- Other (please describe): _____

Which of the following best describes your primary work responsibilities? (Select 3)

- 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 (please describe): _____

What best describes you?

- Child Welfare Professional
- Other HHS Professional
- Legal Professional
- Education Professional
- Student/Intern
- Current or Former Youth in Foster Care
- Biological Parent/Relative Caregiver/Family Member
- Non-Relative Foster or Adoptive Family Member
- Community Member/Community Leader/Tribal Elder
- Other (please describe): _____

How many years of service do you have in your current profession?

- Less than 1 year

- o 1–5 years of service
- o 6–10 years of service
- o 11–15 years of service
- o 16+ years of service

Optional Questions

General Optional Questions

(Select no more than 9 total optional questions including general and product questions)

Please rate your agreement with the following statements about the Peer Learning Activity or Event:

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
The content provided in the [Peer Learning Activity or Event] felt relevant to the values and context of the communities my agency serves	SD	2	3	4	5	6	SA	NA	DK
The [Peer Learning Activity or Event] featured topics that are timely and current.	SD	2	3	4	5	6	SA	NA	DK
The [Innovation] included as part of this [Peer Learning Activity or Event] enhanced my experience.	SD	2	3	4	5	6	SA	NA	DK
The [Innovation] included as part of this [Peer Learning Activity or Event] enhanced my learning.	SD	2	3	4	5	6	SA	NA	DK
The format of the [Peer Learning Activity or Event] provided opportunities for participants to interact.	SD	2	3	4	5	6	SA	NA	DK
The format of the [Peer Learning Activity or Event] made it easy to participate.	SD	2	3	4	5	6	SA	NA	DK
The [Peer Learning Activity or Event] content was culturally relevant to the needs of my agency or the community my agency serves.	SD	2	3	4	5	6	SA	NA	DK
I would recommend this [Peer Learning Activity or Event] to others.	SD	2	3	4	5	6	SA	NA	DK
The presenter/facilitator helped us achieve the goals of the [Peer Learning Activity or Event].	SD	2	3	4	5	6	SA	NA	DK
The knowledge and expertise of the presenter/facilitator were appropriate for the goals of the [Peer Learning Activity or Event].	SD	2	3	4	5	6	SA	NA	DK
The presenter/facilitator helped me to see how the [Peer Learning Activity or Event] can	SD	2	3	4	5	6	SA	NA	DK

be applied to my work.									
The presenter/facilitator helped me interact with my peers in a meaningful way.	SD	2	3	4	5	6	SA	NA	DK
The presenter/facilitator encouraged participation from all attendees.	SD	2	3	4	5	6	SA	NA	DK
The presenter/facilitator tailored and delivered the content of the [Peer Learning Activity or Event] effectively.	SD	2	3	4	5	6	SA	NA	DK
The presenter/facilitator provided sufficient opportunities to practice new information/skills.	SD	2	3	4	5	6	SA	NA	DK
In what ways could this event have been more useful to you or your work? _____									

Product Optional Questions

Please rate your agreement with the following statements about the Center product:

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
The information provided in the Center product helped me to understand [topic].	SD	2	3	4	5	6	SA	NA	DK
I will share what I learned from this Center product with others.	SD	2	3	4	5	6	SA	NA	DK
SKIP PATTERN: If 4, 5, or 6 is selected for item above ask: How many people are you planning to share with? _____									
SKIP PATTERN: If 1, 2, or 3 is selected for item above ask: Why are you not planning to share what you learned with others?									
This Center product has increased my knowledge about the topic.	SD	2	3	4	5	6	SA	NA	DK
I would recommend this Center product to others.	SD	2	3	4	5	6	SA	NA	DK
I am satisfied with the overall quality of this Center product.	SD	2	3	4	5	6	SA	NA	DK
The information available from this Center product will be helpful in my work.	SD	2	3	4	5	6	SA	NA	DK
The content in the Center product felt relevant to the values and context of my agency.	SD	2	3	4	5	6	SA	NA	DK
The content in the Center product felt relevant to the values and context of the communities my agency	SD	2	3	4	5	6	SA	NA	DK

serves.									
The content in the Center product is culturally relevant to the needs of my agency or the community my agency serves.	SD	2	3	4	5	6	SA	NA	DK
The information presented in the Center product seems credible and accurate.	SD	2	3	4	5	6	SA	NA	DK
The information in the Center product was clear and understandable.	SD	2	3	4	5	6	SA	NA	DK
The information included in the Center product was timely and current.	SD	2	3	4	5	6	SA	NA	DK
Center publications, tools, and learning experiences are easily accessible on the Center website.	SD	2	3	4	5	6	SA	NA	DK
I know how to access Center resources and find what I need.	SD	2	3	4	5	6	SA	NA	DK
Center publications and learning experiences are relevant to the present-day and emerging needs of the families I work with.	SD	2	3	4	5	6	SA	NA	DK
Center publications, tools, and videos are useful and valuable to my work.	SD	2	3	4	5	6	SA	NA	DK
I view the Center as a trusted source for child welfare resources.	SD	2	3	4	5	6	SA	NA	DK
I view the Center as a primary source for child welfare resources.	SD	2	3	4	5	6	SA	NA	DK
Center publications and learning experiences are published in a timely manner.	SD	2	3	4	5	6	SA	NA	DK
Center products helped me identify new approaches, innovations, or strategies that are applicable to my work.	SD	2	3	4	5	6	SA	NA	DK
The information in Center publications and products is easy to understand and apply to my work.	SD	2	3	4	5	6	SA	NA	DK
I will use Center products or learning experiences to inform practice, programs, or policy in my agency.	SD	2	3	4	5	6	SA	NA	DK
Center products incorporate innovative approaches and insights that will be useful in my work.	SD	2	3	4	5	6	SA	NA	DK

What aspects of the Center product were most useful to your work? _____	
What information were you seeking when you found the Center product? _____	
Was there anything missing from the content of the Center product? If so, what was it? _____	
In what ways could Center products, publications, and other resources be more responsive to your child welfare workforce or the populations you work with? _____	
In what ways would you like to be able to use Center publications, tools, and products in the future? _____	
What suggestions do you have for improving Center publications and products? _____	
What topics would you like to see the Center develop resources on? _____	
<p>Please select the various ways you plan to apply the information from the Center product in your work. (Select all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Support program improvement <input type="radio"/> Support policy development <input type="radio"/> Provide information to clients/families <input type="radio"/> Share with peers <ul style="list-style-type: none"> ▪ SKIP PATTERN: If 'provide information to clients/families' or 'provide information to my peers' is selected: How many people are you planning to share with? _____ <input type="radio"/> Support public awareness/advocacy <input type="radio"/> Grant writing/Fundraising <input type="radio"/> Train staff/colleagues <ul style="list-style-type: none"> ▪ SKIP PATTERN: If 'train staff/colleagues' is selected then: In what setting will this information be used? <ul style="list-style-type: none"> <input type="radio"/> Formal Training with Co-Workers <input type="radio"/> Informal Training with Co-Workers <input type="radio"/> Distribute Materials to Co-Workers <input type="radio"/> Classroom/University <input type="radio"/> Train the Trainer <input type="radio"/> Other <input type="radio"/> Conduct research & evaluation <input type="radio"/> My own professional development (e.g., increased knowledge) <input type="radio"/> I will not be able to apply/have not yet applied this to my work <input type="radio"/> Other (please describe): _____ <p>Please provide a specific example: _____</p>	