

Learning Experience Satisfaction Survey



Capacity Building
CENTER FOR STATES

PURPOSE: The Center offers two types of learning experiences: 1) single event and 2) intensive, which can consist of multiple events, modules, or units that are grouped together. In either type of learning experience, the Center offers these virtually (e.g., webinar, learning management system, website), in-person, or a combination of both. As such, evaluation instruments are administered accordingly, to minimize

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Instruction for Survey Development and Administration

The Center offers two types of learning experiences: 1) single event and 2) intensive, which can consist of multiple events, modules, or units that are grouped together. In either type of learning experience, the Center offers these virtually (e.g., webinar, learning management system, website), in-person, or a combination of both. As such, evaluation instruments are administered accordingly, to minimize disruption with user experience and burden. For example, for learning experiences offered through the Center for States learning management system (CapLEARN), satisfaction surveys are created in online survey software and embedded into CapLEARN as part of the learning experience. Given the changing nature and content on each experience, 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 experience to ensure low burden while informing high quality service provision.

- **Single Event.** For Learning Experiences that consist of a single event (e.g. on-line session or in-person training): Each tailored survey will have no more than 60 questions, including 25 common feedback questions, 25 pre/post questions, and a maximum of 10 optional questions, with a burden of no more than 20 minutes.
- **Intensive.** For more intensive Learning Experiences that require administration of multiple surveys over a series of events, modules, or units: Each tailored survey for each module or unit will have no more than 55 questions, including 25 common feedback questions, 20 pre/post questions, and a maximum of 10 optional questions, with a burden of no more than 20 minutes.

Survey Introduction Text

The Capacity Building Collaborative is committed to continuously improving the relevance and utility of services provided. Please take a few minutes to provide your perspective on this learning experience. Your comments will be incorporated into future activities planning and will help strengthen Capacity Building Collaborative services to better meet your needs. Your participation in this survey is entirely voluntary, and your responses will be reported in the aggregate. The survey should take about 20 minutes to complete. If you have any questions, please contact Christine Leicht, Capacity Building Center for States Evaluation Lead at Christine.Leicht@icf.com.

Common Questions

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
1. The materials and information were appropriate for my level of experience and knowledge.	SD	2	3	4	5	6	SA	NA	DK
2. [Name of Learning Experience] will be helpful in my work.	SD	2	3	4	5	6	SA	NA	DK
3. Overall, I was satisfied with the [Name of Learning Experience]	SD	2	3	4	5	6	SA	NA	DK
4. The format of the [Name of Learning Experience] made it easy to participate.	SD	2	3	4	5	6	SA	NA	DK
5. The information in this Learning Experience was clear and understandable.	SD	2	3	4	5	6	SA	NA	DK
6. The content of the [Name of Learning Experience] felt relevant to the values and context of my agency.	SD	2	3	4	5	6	SA	NA	DK
7. The content provided in the [Name of Learning Experience] felt relevant to the values and context of the communities my agency serves.	SD	2	3	4	5	6	SA	NA	DK
8. As a result of my participation, I am able to [Name of Learning Experience Goal 1]. (Insert/delete as many objectives/goals as necessary; learning objectives should include knowledge/skills/attitudes participants are expected to achieve)	SD	2	3	4	5	6	SA	NA	DK
9. The [Name of Learning Experience] has motivated me to continue learning in this topic area.	SD	2	3	4	5	6	SA	NA	DK
10. I will share what I learned during [Name of Learning Experience] with others.	SD	2	3	4	5	6	SA	NA	DK
11. I would recommend the Name of Learning Experience] to others.	SD	2	3	4	5	6	SA	NA	DK

12. Please select the various ways you [*insert have already applied the information, plan to apply the information*] from the [Name of Learning Experience] in your work. (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Support program improvement | <input type="checkbox"/> Train staff/colleagues |
| <input type="checkbox"/> Support policy development | <input type="checkbox"/> Conduct research & evaluation |
| <input type="checkbox"/> Provide information to clients/families | <input type="checkbox"/> My own professional development (e.g., increased knowledge) |
| <input type="checkbox"/> Share with peers | <input type="checkbox"/> I have not yet applied this to my work |
| <input type="checkbox"/> Support public awareness/advocacy | <input type="checkbox"/> Other (Please describe): _____ |
| <input type="checkbox"/> Grant writing/Fundraising | |

Please provide a specific example: _____

13. You indicated that you plan to use this information to train others. In what setting will it be used?

- Formal Training with Co-Workers
- Informal Training with Co-Workers
- Distribute Materials to Co-Workers
- Classroom/University
- Train the Trainer
- Other

14. What aspects of the [Name of Learning Experience] were most relevant and useful for your work?

15. Were there ways in which the [Name of Learning Experience] could have been improved?
(Yes/No)

If yes, please describe how this [[Name of Learning Experience] could have been improved?

16. The knowledge/skills/information I acquired through this learning experience is directly applicable to my work.	SD	2	3	4	5	6	SA	NA	DK
17. I liked the format of this module.	SD	2	3	4	5	6	SA	NA	DK
18. As a result of the [information I learned, knowledge I gained] through the [Name of Learning Experience], I will be a more effective in my work.	SD	2	3	4	5	6	SA	NA	DK
19. I feel prepared to do this work as a result of my participation in this learning experience.	SD	2	3	4	5	6	SA	NA	DK
20. The content of this learning experience is timely and current.	SD	2	3	4	5	6	SA	NA	DK

21. I have discovered new tools, ideas, & ways of thinking from the relationships developed during the [Name of Learning Experience]? (Yes/No) Please explain.

22. What type of agency do you work for?

- 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

23. What is your primary role?

- Agency Director/Deputy Director
- Program/Middle Manager
- Supervisor
- Caseworker/Direct Practice Worker/Frontline staff
- Parent Partner
- Other

24. Which of the following best describes your primary work responsibilities?

- 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

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

- Less than 1 year
- 1–5 years of service
- 6–10 years of service
- 11–15 years of service
- 16+ years of service

Optional Questions

Rating Questions (7pt likert scale)

- The time allotted was appropriate for meeting the [Name of Learning Experience] learning objectives.
- I found the pre-session assignments and background materials to be helpful in preparing me for the [Name of Learning Experience].
- (insert/delete as many trainers/presenters/consultants as necessary): The knowledge and expertise of this trainer/presenter/consultant were appropriate for this [Name of Learning Experience].
- Trainer/Presenter/Consultant 1 (insert/delete as many trainers/presenters/consultants as necessary): The trainer/presenter/consultant tailored and delivered the content of the [Name of Learning Experience] effectively.
- As a result of my participation, I am able to [Name of Learning Experience Goal 1]. (Insert/delete as many objectives/goals as necessary; learning objectives should include knowledge/skills/attitudes participants are expected to achieve)
- The format of the [Name of Learning Experience] provided opportunities for participants to interact.
- The facilitator encouraged participation from all attendees.
- The trainer/facilitator helped me to see how the [Name of Learning Experience] can be applied to my work.
- The trainer/facilitator provided sufficient opportunities to practice new information/skills.
- My Coach/Mentor helped me to apply what I learned to my work.
- The [Action Project] helped me to better understand the materials.
- The [Action Project] helped me to apply my knowledge to a real world situation/activity.
- Please tell us how the work that you have done through [Action Project] impacted your agency.
- I am interested in getting continuing education units for the [Name of Learning Experience].
- I was motivated to complete the [Name of Learning Experience] in order to get continuing education units.
- *This question is required only for intensive learning experiences, which have participants' transfer of knowledge (participants take the knowledge and use it in their work place, there is an evidence of learning, building knowledge, and reinforcement of understanding) as one of their realistic goals/learning objectives. It only needs to be asked once after the last session.*
 - o My organization values learning.
 - o The information I received from the [Name of Learning Experience] can definitely be used in my work.
 - o I had input into the selection of the [Name of Learning Experience].
 - o The content of the [Name of Learning Experience] is consistent with my agency's mission, philosophy and goals.
- The leadership in our organization is interested in hearing my ideas about how we can improve agency results.
- I have a way of sharing my ideas to improve practices, policies or results for children and families.
- We are encouraged to work with staff in other departments to solve problems.
- I have opportunities to learn new things that will help me improve my work.
- I feel empowered to try different strategies that might improve outcomes for children and families.
- We work as a team in my office to understand and improve outcomes for children and families.
- We share learning across the state and between regions.
- As a result of my involvement in the [Name of Learning Experience], I have improved my connections with peers/colleagues.
- I feel confident in my ability to [Insert the name of the skill/topic] as a result of my participation in [Name of Learning Experience].

- My agency will support me in applying the knowledge and skills I learned in this [Name of Learning Experience] to my work.
- The [Name of Learning Experience] had a good cultural fit for my tribal [agency, community, or work].
- I would recommend that individuals from other tribal programs participate in [Name of Learning Experience].

Open-ended questions:

- Provide a specific example of how the [Name of Learning Experience] has improved your relationship with peers or benefitted your work.
- Was [Title of Activity 1] helpful? If so, why, and if not, how can they be improved? (*Pick one or two appropriate training activities*)
- What additional training would be useful for you or your organization?
- Do you have any additional comments?

Response choice questions:

SKIP PATTERN: If Somewhat Agree, Agree, or Strongly Agree are selected for item #7 above ask:
If so, how and with what groups of colleagues will you share what you learned? Please provide the number of people that you are planning to share with/have shared with?

SKIP PATTERN: If Neither Agree nor Disagree, Somewhat Disagree, Disagree, or Strongly Disagree are selected for item above ask:
If not, why not?

As a result of this [Name of Learning Experience], <how often, over the past six month do you anticipate engaging/have engaged with other attendees outside of official activities?

- | | |
|--|---|
| <input type="radio"/> Never | <input type="radio"/> A Few Times a Month |
| <input type="radio"/> Once | <input type="radio"/> Weekly |
| <input type="radio"/> Every Few Months | <input type="radio"/> Two to Three Times a Week |
| <input type="radio"/> Monthly | |

How many people have you referred to the [Name of Learning Experience]?

- I have not shared this yet
- 1-5
- 6-10
- 10-20
- 20 or more

As a result of my participation/involvement in the [Name of Learning Experience], I developed new relationships with ...

- o [Insert options that are relevant to the target audience]

How often do I anticipate (or am I) applying what was learned?

- o Daily
- o Weekly
- o Monthly
- o Quarterly

- o Annually
- o Never

How did you learn about this learning experience?

- Capacity Building Collaborative webpage
- Center for States Liaison
- Listserv
- Colleague
- Hard-copy publication
- Advertisement
- Search engine (e.g., Google, Yahoo)
- Social media (e.g., Facebook, Twitter, YouTube)
- Conference or presentation
- Link from another webpage
- Children's Bureau
- Other

In which State/Territory do you work?

- American Samoa
- Guam
- Northern Mariana Islands
- Port Gamble
- Puerto Rico
- US Virgin Islands
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan

- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

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

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

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

I am involved in the following aspect of the Center for States capacity building services:

- State team working with liaison
- Participating in constituency group
- Registered for one of the Center's Learning Experiences (such as the CQI Training Academy, etc.)
- Participating in a constituency group
- Tribal team working with Center liaison
- Registered for one of the Center's learning experiences
- Center for Tribes staff
- Other