**DEMOGRAPHIC INFORMATION CAPTURED IN GROUPWISDOM™**

**Demographic Fields**

“Hello, and welcome! You have been asked to participate in a web-based project. Your participation is voluntary. The project will collect data by asking participants to do some or all of these activities: giving your ideas, rating ideas, sorting the ideas into groups with similar themes, and providing non-identifying information about yourself. You may be asked to offer your input in one or more of these ways. You may participate in the entire project or in any of these activities. Your input in this project is private.”

1. State/territory in which you work/provide services (this will be a dropdown)

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
District of Columbia  
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  
Puerto Rico  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming

1. Please indicate your **primary** role/field of work
   1. Teacher in Pre-K-12/Secondary Education
   2. Administrator in Pre-K-12/Secondary Education
   3. Program Specialist of State Education Agency
   4. Administrator of State Education Agency
   5. Instructor in Community College
   6. Administrator/Disability Services Coordinator in Community College
   7. Instructor/Professor in 4-year College/University
   8. Administrator/Disability Services Coordinator in 4-year College/University
   9. Instructor in Career and Technology Education
   10. Administrator in Career and Technology Education
   11. Support Services Coordinator in Developmental Disability Agency
   12. Administrator in Developmental Disability Agency
   13. Counselor in Vocational Rehabilitation (VR)
   14. Administrator in Vocational Rehabilitation (VR)
   15. Project Staff or Coordinator in Title I WIOA-Funded Workforce Systems
   16. Administrator in Title I WIOA-Funded Workforce Systems
   17. Instructor in Title II Adult Education
   18. Administrator in Title II Adult Education
   19. Social Worker in Child Welfare
   20. Administrator in Child Welfare
   21. Specialist/Counselor in Juvenile Justice
   22. Administrator in Juvenile Justice
   23. Counselor/Program Coordinator Mental Health Agency
   24. Administrator in Mental Health Agency
   25. Benefits Planning Specialist in Social Security Administration
   26. Administrator in Social Security Administration
   27. Program Staff of Professional Associations
   28. Administrator of Professional Associations
   29. Program Coordinator/Service Provider in Nonprofit Organizations
   30. Administrator in Nonprofit Organizations
   31. Other Role in Youth Serving Agencies (Please indicate)
2. How many years have you worked in your current field (open text box)
3. Of the populations listed below, which ones do you serve in your current role? **(check all that apply)**
   1. K-12 in school youth/students with disabilities
   2. Out of school youth with disabilities (youth ages 16-24 not in school)
   3. Opportunity youth with disabilities (i.e., youth between the ages of 14-24 who may represent one or more of the following categories) **(check all that apply)**
      1. Dropped out of high school
      2. Pregnant and parenting youth
      3. Minority group (racially and ethnically diverse)
      4. Foreign language speakers
      5. Immigrant, migrant, and/or refugees
      6. LGBTQ+
      7. Have experienced or are experiencing homelessness
      8. Involvement with the juvenile justice system
      9. Involvement with child welfare/foster care
      10. Residing in a rural area
   4. Undergraduate or graduate students who will work in fields supporting youth with disabilities
   5. Adults who support youth with disabilities
   6. Adults with disabilities
4. Considering the populations you indicated serving in the previous question, please choose the **primary** population you serve? **(select only one)**
   1. K-12 in school youth/students with disabilities
   2. Out of school youth with disabilities (youth ages 16-24 not in school)
   3. Opportunity youth with disabilities (i.e., youth between the ages of 14-24 who may represent one or more of the following categories) (check all that apply)
      1. Dropped out of high school
      2. Pregnant and parenting youth
      3. Minority group (racially and ethnically diverse)
      4. Foreign language speakers
      5. Immigrant, migrant, and/or refugees
      6. LGBTQ+
      7. Have experienced or are experiencing homelessness
      8. Involvement with the juvenile justice system
      9. Involvement with child welfare/foster care
      10. Residing in a rural area
   4. Undergraduate or graduate students who will work in fields supporting youth with disabilities
   5. Adults who support youth with disabilities
   6. Adults with disabilities
5. Does your agency/organization provide direct services to youth with disabilities?

* Yes
  + In your current role, do you provide direct services to youth with disabilities?
    - Yes
    - No
* No

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 questionnaire is estimated to average 100 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.

**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.