

## CAPE-Youth

### Demographic Questions for PD Group Concept Mapping

OMB Control No: 1230-0NEW

Expiration Date: XX/XX/20XX

#### 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	Louisiana	Oklahoma
Alaska	Maine	Oregon
Arizona	Maryland	Pennsylvania
Arkansas	Massachusetts	Puerto Rico
California	Michigan	Rhode Island
Colorado	Minnesota	South Carolina
Connecticut	Mississippi	South Dakota
Delaware	Missouri	Tennessee
District of Columbia	Montana	Texas
Florida	Nebraska	Utah
Georgia	Nevada	Vermont
Hawaii	New Hampshire	Virginia
Idaho	New Jersey	Washington
Illinois	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa	North Carolina	Wyoming
Kansas	North Dakota	
Kentucky	Ohio	

2. Please indicate your **primary** role/field of work

- a. Teacher in Pre-K-12/Secondary Education
- b. Administrator in Pre-K-12/Secondary Education
- c. Program Specialist of State Education Agency
- d. Administrator of State Education Agency
- e. Instructor in Community College

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- f. Administrator/Disability Services Coordinator in Community College
  - g. Instructor/Professor in 4-year College/University
  - h. Administrator/Disability Services Coordinator in 4-year College/University
  - i. Instructor in Career and Technology Education
  - j. Administrator in Career and Technology Education
  - k. Support Services Coordinator in Developmental Disability Agency
  - l. Administrator in Developmental Disability Agency
  - m. Counselor in Vocational Rehabilitation (VR)
  - n. Administrator in Vocational Rehabilitation (VR)
  - o. Project Staff or Coordinator in Title I WIOA-Funded Workforce Systems
  - p. Administrator in Title I WIOA-Funded Workforce Systems
  - q. Instructor in Title II Adult Education
  - r. Administrator in Title II Adult Education
  - s. Social Worker in Child Welfare
  - t. Administrator in Child Welfare
  - u. Specialist/Counselor in Juvenile Justice
  - v. Administrator in Juvenile Justice
  - w. Counselor/Program Coordinator Mental Health Agency
  - x. Administrator in Mental Health Agency
  - y. Benefits Planning Specialist in Social Security Administration
  - z. Administrator in Social Security Administration
  - aa. Program Staff of Professional Associations
  - bb. Administrator of Professional Associations
  - cc. Program Coordinator/Service Provider in Nonprofit Organizations
  - dd. Administrator in Nonprofit Organizations
  - ee. Other Role in Youth Serving Agencies (Please indicate)
3. How many years have you worked in your current field (open text box)

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4. Of the populations listed below, which ones do you serve in your current role? (**check all that apply**)

- a. K-12 in school youth/students with disabilities
- b. Out of school youth with disabilities (youth ages 16-24 not in school)
- c. 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**)
  - i. Dropped out of high school
  - ii. Pregnant and parenting youth
  - iii. Minority group (racially and ethnically diverse)
  - iv. Foreign language speakers
  - v. Immigrant, migrant, and/or refugees
  - vi. LGBTQ+
  - vii. Have experienced or are experiencing homelessness
  - viii. Involvement with the juvenile justice system
  - ix. Involvement with child welfare/foster care
  - x. Residing in a rural area
- d. Undergraduate or graduate students who will work in fields supporting youth with disabilities
- e. Adults who support youth with disabilities
- f. Adults with disabilities

5. Considering the populations you indicated serving in the previous question, please choose the **primary** population you serve? (**select only one**)

- a. K-12 in school youth/students with disabilities
- b. Out of school youth with disabilities (youth ages 16-24 not in school)
- c. 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)
  - i. Dropped out of high school
  - ii. Pregnant and parenting youth

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- iii. Minority group (racially and ethnically diverse)
  - iv. Foreign language speakers
  - v. Immigrant, migrant, and/or refugees
  - vi. LGBTQ+
  - vii. Have experienced or are experiencing homelessness
  - viii. Involvement with the juvenile justice system
  - ix. Involvement with child welfare/foster care
  - x. Residing in a rural area
  - d. Undergraduate or graduate students who will work in fields supporting youth with disabilities
  - e. Adults who support youth with disabilities
  - f. Adults with disabilities
6. Does your agency/organization provide direct services to youth with disabilities?
- Yes
    - o 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.