

Event Follow Up Survey



Capacity Building
CENTER FOR STATES

PURPOSE: Participants of events evaluated with the Brief Event Survey will be recruited to participate in the Event Follow-Up Survey to assess outcomes achieved after the event. The event follow-up survey will be administered approximately 3 months after the event.

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Instructions for On-line Survey Development

Participants of events evaluated with the Brief Event Survey will be recruited to participate in the Event Follow-Up Survey to assess outcomes achieved after the event. The event follow-up survey will be administered approximately 3 months after the event.

Because brief event surveys are tailored to each event’s unique information needs and context, event follow-up surveys are also tailored to align with the brief event survey. When creating each on-line follow-up survey, content specialists will use the required questions listed below and choose up to 4 optional questions related to products that can be added to the survey, as needed to align with the brief survey. It is expected that each tailored survey will have no more than 20 questions, including 14 required questions and a maximum of 6 optional product questions, with a burden of no more than 5 minutes.

Required Questions

(4 required questions + 4 outcome questions + 6 demographic questions = 14 total required questions)

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
The [Name of Peer Learning Activity or Event] has been helpful in my work.	SD	2	3	4	5	6	SA	NA	DK
As a result of the information I learned through the [Name of Event], I am more effective in my work.	SD	2	3	4	5	6	SA	NA	DK
What aspects of the [Name of Event] have been most useful to your work?									
What additional assistance do you or your organization need with this topic?									

Required Outcome Questions (Select 4 max)									
The [Peer Learning Activity or Event] increased my knowledge about [Topic].	SD	2	3	4	5	6	SA	NA	DK
SKIP PATTERN: If 4, 5 or 6 is selected to the above question, ask: How often are you applying what was learned? <ul style="list-style-type: none"> <input type="radio"/> Frequently <input type="radio"/> Occasionally <input type="radio"/> Not at all 									
Please provide a specific example of the topics in which the [Peer Learning Activity or Event] has increased your knowledge: _____									
The [Peer Learning Activity or Event] increased my practical skills regarding [Topic].	SD	2	3	4	5	6	SA	NA	DK
Please provide a specific example of how your skills have increased: _____									
I discovered new tools, ideas, & ways of thinking from the relationships developed during the Peer Learning Event.	SD	2	3	4	5	6	SA	NA	DK
I improved my connections with peers/colleagues as a result of the Peer Learning Event.	SD	2	3	4	5	6	SA	NA	DK
Provide a specific example of how the Peer Learning Event improved your relationship with peers: _____									
As a result of this [Peer Learning Event], how often over the past 3 months have you engaged with other attendees outside of official activities? <ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> Once <input type="radio"/> Every Few Months <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 									
Please select the various ways you have already applied the information from the [Peer Networking Activity or Event] in your work. (Select all that apply) <ul style="list-style-type: none"> <input type="radio"/> Supported program improvement <input type="radio"/> Supported policy development <input type="radio"/> Provided information to clients/families <input type="radio"/> Shared information with my peers <ul style="list-style-type: none"> ▪ SKIP PATTERN: If 'provided information to clients/families' or 'shared information with my peers' is selected: Please provide the number of people that you shared with? _____ <input type="radio"/> Supported public awareness/advocacy efforts <input type="radio"/> Grant writing/Fundraising 									

- o Trained staff/colleagues
 - SKIP PATTERN: If 'trained staff/colleagues' is selected then: In what setting will this information be used?
 - o Formal Training with Co-Workers
 - o Informal Training with Co-Workers
 - o Distribute Materials to Co-Workers
 - o Classroom/University
 - o Train the Trainer
 - o Other
- o Conducted research & evaluation
- o My own professional development
- o I have not yet applied this to my work
- o Other (Please describe): _____

Please provide a specific example of how you have applied the information to your work: _____

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

Which best describes your organization?

- o State Child Welfare Agency
- o County Child Welfare Agency
- o Territorial Child Welfare Agency
- o Tribal Child Welfare Agency
- o State or County Court/Legal System
- o Tribal Court/Legal System
- o Private or Community-based Child Welfare Agency
- o Local Government/Tribal Council
- o Law Enforcement Organization
- o Primary Care/Health Care Services Provider
- o Behavioral/Mental Health Services Provider
- o Substance Abuse Services Provider
- o Domestic Violence Services Provider
- o Juvenile Justice Organization
- o Primary/Secondary Education
- o College/University
- o Technical Assistance Provider
- o Federal Government
- o Other (please describe): _____

What is your primary role?

CW professional response options

- o Agency Director/Deputy Director
- o Program/Middle Manager
- o Supervisor
- o Caseworker/Direct Practice Worker/Frontline Staff
- o Parent Partner
- o Other (please describe): _____

Court professional response options

- o CIP or TCIP Director/Coordinator
- o CIP or TCIP Staff
- o 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
- 1–5 years of service
- 6–10 years of service
- 11–15 years of service
- 16+ years of service

Optional Questions

Product Optional Questions

(Select no more than 6 optional questions related to Center Products)

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
I shared 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 did you share with? _____									
I recommended this Center product to others.	SD	2	3	4	5	6	SA	NA	DK
I have used Center products or learning experiences to inform practice, programs, or policy in my agency.	SD	2	3	4	5	6	SA	NA	DK
<p>Please select the various ways you have applied the information from the Center product in your work. (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supported program improvement <input type="checkbox"/> Supported policy development <input type="checkbox"/> Provided information to clients/families <input type="checkbox"/> Shared with peers <input type="checkbox"/> Supported public awareness/advocacy <input type="checkbox"/> Grant writing/Fundraising <input type="checkbox"/> Trained staff/colleagues <input type="checkbox"/> Conducted research & evaluation <input type="checkbox"/> My own professional development (e.g., increased knowledge) <input type="checkbox"/> I have not yet applied this to my work <input type="checkbox"/> Other (please describe): _____ <p>Please provide a specific example: _____</p>									
What aspects of the Center product were most useful to your work? _____									
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? _____									