

Peer-to-Peer Event Survey



Capacity Building
CENTER FOR STATES

PURPOSE: For each peer to peer event hosted by the Center for States, a survey will be created in on-line survey software to gather feedback that can inform project planning.

OMB #: 0970-0XXXX
Expiration Date: XX/XX/XXXX

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 5 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 by e-mail at Beth.Claxon@acf.hhs.gov.

Instruction for Survey Development and Administration

For each peer to peer event 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 customization 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. When creating each on-line survey, event developers in collaboration with the evaluation team will use the required questions listed below and choose up to 9 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 questions, with a burden of no more than 5 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 feedback on the peer exchange. 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 5 minutes to complete. If you have any questions, please contact Christine Leicht, Capacity Building Center for States Evaluation Lead at Christine.Leicht@icf.com.

Required Questions (16 required)

Please indicate the degree to which you agree with the following statements.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
1. [Name of Peer Networking Experience, Event, Webinar] will be helpful in my work.	SD	2	3	4	5	6	SA	NA	DK

2. Overall, I was satisfied with the [Name of Peer Networking Activity, Event, Webinar].	SD	2	3	4	5	6	SA	NA	DK
3. The format of the [Name of Peer Networking Activity, Event, Webinar] provided opportunities for participants to interact.	SD	2	3	4	5	6	SA	NA	DK
4. The content of the peer exchange felt relevant to the values and context of my agency.	SD	2	3	4	5	6	SA	NA	DK
5. The knowledge and skills our agency acquired through this event are directly applicable to our work.	SD	2	3	4	5	6	SA	NA	DK
6. As a result of the information I learned through this peer exchange, I will be more effective in my work.	SD	2	3	4	5	6	SA	NA	DK

1. What aspects of the peer exchange were most relevant and useful for your work?

Please rate your level of agreement with the following statements about the peer exchange objectives.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
2. As a result of my participation, I am able to [tailored objective].	SD	2	3	4	5	6	SA	NA	DK

Please answer the following question about partnership and engagement.

3. As a result of this Peer Networking Activity, how often do you anticipate engaging with other attendees outside of official activities (over the next 6 months)?

- Never (0)
- Once (1)
- Every few months (2)
- Monthly (3)
- A few times a month (4)

- ▣ Weekly (5)
- ▣ Two or three times a week (6)

4. Please select the various ways you [have already applied the information, plan to apply the information] from the peer exchange in your work. (Check all that apply.)

- Support program improvement
- Support policy development
- Provide information to clients/families
- Share with peers
- Support public awareness/advocacy
- Grant writing/Fundraising
- Train staff/colleagues
- Conduct research & evaluation
- My own professional development (e.g., increased knowledge)
- Other (Please describe)

11a. *[If “Provide information clients/families”, “Share with peers”, or “Train staff/colleagues” was selected]*
Please provide a specific example.

11b. *[If ‘train staff/colleagues’ is selected]* In what setting will this information be used?

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

12. Were there ways in which the peer exchange could have been improved?

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

14. 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): _____

15. 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): _____

16. 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): _____

Optional Questions (Choose up to 9)

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
<input type="checkbox"/> As a result of my participation, I am able to [tailored objective].	SD	2	3	4	5	6	SA	NA	DK
<input type="checkbox"/> As a result of my participation, I am able to [tailored objective].	SD	2	3	4	5	6	SA	NA	DK
<input type="checkbox"/> As a result of my participation, I am able to [tailored objective].	SD	2	3	4	5	6	SA	NA	DK
<input type="checkbox"/> As a result of my participation, I am able to [tailored objective].	SD	2	3	4	5	6	SA	NA	DK
<input type="checkbox"/> The facilitator helped me interact with my peers in a meaningful way.	SD	2	3	4	5	6	SA	NA	DK
<input type="checkbox"/> The trainer/facilitator helped me to see how the [Name of Learning Experience, Name of Peer Networking Activity] can be applied to my work.	SD	2	3	4	5	6	SA	NA	DK
<input type="checkbox"/> 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
<input type="checkbox"/> I would recommend participating in peer exchanges to	SD	2	3	4	5	6	SA	NA	DK

What additional assistance do you or your organization need with this topic?

Please provide the number of people that you are planning to share with/have shared with?

Please tell us more about how you may share this information in the future. If you do not plan to share this information with others, why not?
