# **CapLEARN Registration Form**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) 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 0970-0484. The control number expires on 02/28/2023. If you have any comments on this collection of information, please contact CapLEARN Help by e-mail at CapLEARN@childwelfare.gov.

CapLEARN is designed to promote learning and support professional development. Please take a moment to create a CapLEARN account. The information that you share will be only be used to help us evaluate and improve our products and services. In some cases, we may contact you to learn about your experience with CapLEARN. Your privacy is important. Your personal information, participation, and CapLEARN scores will be kept confidential, unless you choose to share them (for example, to create a certificate of completion that can be used to apply for Continuing Education Units). If you have questions, please go to <https://learn.childwelfare.gov/content/caplearn-help> and let us know how we can help you.

**Fields marked with an asterisk (\*) are required.**

**Section 1**

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| **New CapLEARN Field Name** | **New CapLEARN Field Type** |
| First Name\* | Text |
| Last Name\* | Text |
| State/territory\* | Picklist (All states, U.S. territories) |
| E-mail address\* | Text |
| E-mail address confirmation\* | Text |
| Age (Select One) | Prefer not to answer  19 or under  20-29  30-39  40-49  50-59  60-69  70 or over |
| Gender (Select One) | Prefer not to answer  Female  Male  Transgender  Other |
| Race/Ethnicity (Select All That Apply) | American Indian/Alaska Native  Asian  Black/African American  Hawaiian/Other Pacific Islander  Hispanic/Latino  White  Other |
| ***Which best describes you?* (Select All That Apply)\*** | Child Welfare Professional  Other Health or Human Services Professional  Legal Professional  Education Professional  Student/Intern  Current or Former Foster youth in foster care  Biological Parent/Relative Caregiver/Family Member  Non-Relative Foster or Adoptive Family Member  Community Member/Community Leader/Tribal Elder  Other |
| ***Which best describes your employer/organization?* (Select One)\*** | Not Applicable |
| 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 Child Welfare Agency Under Contract for Services |
| Community-Based Service Provider |
| Child Welfare Training Academy/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 (non Child Welfare Training Organization) |
| Technical Assistance Provider |
| Federal Government |
| Other |
| Employer/Organization | Text |
| Job Title | Text |

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| **Section 2** |  |
| **New CapLEARN Field Name** | **New CapLEARN Field Type** |
| ***What is your primary role in the agency (Select One)\**** | Agency Director/Deputy Director  Program/Middle Manager  Supervisor  Caseworker/Direct Practice Worker/Frontline staff  Policy Writer/Coordinator  Federal Requirements/Reporting Lead/Coordinator(e.g. CFSR, CFSP, PIP)  CQI/QA staff (e.g. director, analyst, case reviewer)  Training Director/Trainer/Curriculum Developer  Family Leader/Partner  Youth Leader/Partner  Court Appointed Special Advocate (CASA)  Student Intern  Other |
| ***Which of the following best describes your primary work responsibilities in the agency? (Select Up to Three)\**** | Administration  Workforce Development/Training  Continuous Quality Improvement/Evaluation  Information Technology/SACWIS/Data Systems  Indian Child Welfare Act  Primary Prevention  Child Protective Services  In-home Services/Promoting Safe and Stable Families  Foster Care- Case Management  Foster Care – Recruitment/Training/Licensing of Resource Families  Adoption/Guardianship  Youth in Transition/Chafee/Independent Living Programs  Other |
| ***Which of the following best describes your primary role?* (Select One)\*** | 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? (Select One)\**** | Dean/Director/Administrator  Teaching Faculty  Research Faculty/Staff (non-teaching role)  Student  Other |

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| **Section 3** |  |
| **New CapLEARN Field Name** | **New CapLEARN Field Type** |
| ***For which State, County, or Territorial Government, do you work or provide contracted services? (Select All That Apply)\**** | Not Applicable  Picklist (All States and U.S. Territories)  Other |
| ***For which Tribe or Tribal Consortia do you work or provide contracted services? (Select All That Apply)\**** | Not Applicable  Picklist (All title IV-B and IV-E Tribes)  Other |

**Section 4**

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| **New CapLEARN Field Name** | **New CapLEARN Field Type** |
| ***How many years of experience do you have working in child welfare? (Select One)\**** | * Not Applicable * Less than 1 year * 1–5 years of service * 6–10 years of service * 11–15 years of service * 16+ years of service |
| ***What was the highest level of education you completed? (Select One)\**** | * Some K-12 education (or equivalent) * High school graduate (or equivalent) * Some college (1-4 years, no degree) * Associate’s degree (including occupational or academic degrees) * Bachelor’s degree (BA, BS, AB, BSW, etc.) * Master’s degree (MA, MS, MSW, etc.) * Doctoral degree (MD, JD, PhD, EdD, etc.) |
| ***If you have a degree in social work, what type of degree do you have? (Select All That Apply)\**** | * Not applicable * BSW or equivalent * MSW or equivalent * PhD or DSW |
| ***In a sentence or two please share why you are registering for CapLEARN?*** | Text |
| ***How did you first learn about CapLEARN?*** | * Electronic newsletter (e.g. CAPNews) * Collaborative website * Social media (e.g. LinkedIn, Facebook) * Child Welfare Virtual Expo * In-Person Conference * TA Provider * Supervisor/colleague * Other |