# **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 answer19 or under20-2930-3940-4950-5960-6970 or over |
| Gender (Select One) | Prefer not to answerFemaleMaleTransgenderOther |
| Race/Ethnicity (Select All That Apply) | American Indian/Alaska NativeAsianBlack/African AmericanHawaiian/Other Pacific IslanderHispanic/LatinoWhiteOther |
| ***Which best describes you?* (Select All That Apply)\*** | Child Welfare ProfessionalOther Health or Human Services ProfessionalLegal ProfessionalEducation ProfessionalStudent/InternCurrent or Former Foster youth in foster careBiological Parent/Relative Caregiver/Family MemberNon-Relative Foster or Adoptive Family MemberCommunity Member/Community Leader/Tribal ElderOther |
| ***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 DirectorProgram/Middle ManagerSupervisorCaseworker/Direct Practice Worker/Frontline staffPolicy Writer/CoordinatorFederal Requirements/Reporting Lead/Coordinator(e.g. CFSR, CFSP, PIP)CQI/QA staff (e.g. director, analyst, case reviewer)Training Director/Trainer/Curriculum DeveloperFamily Leader/PartnerYouth Leader/PartnerCourt Appointed Special Advocate (CASA)Student InternOther |
| ***Which of the following best describes your primary work responsibilities in the agency? (Select Up to Three)\**** | AdministrationWorkforce Development/TrainingContinuous Quality Improvement/EvaluationInformation Technology/SACWIS/Data SystemsIndian Child Welfare Act Primary PreventionChild Protective Services In-home Services/Promoting Safe and Stable FamiliesFoster Care- Case ManagementFoster Care – Recruitment/Training/Licensing of Resource FamiliesAdoption/Guardianship Youth in Transition/Chafee/Independent Living ProgramsOther |
| ***Which of the following best describes your primary role?* (Select One)\*** | CIP or TCIP Director/CoordinatorCIP or TCIP Staff JudgeAttorney for Child Welfare AgencyAttorney for ParentAttorney for ChildAttorney Guardian Ad LitemCourt Administrative OfficerCourt/Attorney Data Manager/IT StaffCourt Appointed Special Advocate/Non-attorney GAL/AdvocateCourt Case Worker/Social WorkerOther |
| ***Which of the following best describes your primary role? (Select One)\**** | Dean/Director/AdministratorTeaching FacultyResearch Faculty/Staff (non-teaching role)StudentOther |

|  |  |
| --- | --- |
| **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 ApplicablePicklist (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 ApplicablePicklist (All title IV-B and IV-E Tribes)Other |

**Section 4**

|  |  |
| --- | --- |
| **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.)
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| ***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
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