

# 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

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
<b>Which best describes you? (Select All That Apply)*</b>	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
<b>Which best describes your employer/organization? (Select One)*</b>	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

**Section 2**

New CapLEARN Field Name	New CapLEARN Field Type
<p><b>What is your primary role in the agency (Select One)*</b></p>	<p>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</p>
<p><b>Which of the following best describes your primary work responsibilities in the agency? (Select Up to Three)*</b></p>	<p>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</p>
<p><b>Which of the following best describes your primary role? (Select One)*</b></p>	<p>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</p>

	Other
<b>Which of the following best describes your primary role? (Select One)*</b>	Dean/Director/Administrator Teaching Faculty Research Faculty/Staff (non-teaching role) Student Other

**Section 3**

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

**Section 4**

<b>New CapLEARN Field Name</b>	<b>New CapLEARN Field Type</b>
<b>How many years of experience do you have working in child welfare? (Select One)*</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> <li>• Less than 1 year</li> <li>• 1-5 years of service</li> <li>• 6-10 years of service</li> <li>• 11-15 years of service</li> <li>• 16+ years of service</li> </ul>
<b>What was the highest level of education you completed? (Select One)*</b>	<ul style="list-style-type: none"> <li>• Some K-12 education (or equivalent)</li> <li>• High school graduate (or equivalent)</li> <li>• Some college (1-4 years, no degree)</li> <li>• Associate's degree (including occupational or academic degrees)</li> <li>• Bachelor's degree (BA, BS, AB, BSW, etc.)</li> <li>• Master's degree (MA, MS, MSW, etc.)</li> <li>• Doctoral degree (MD, JD, PhD, EdD, etc.)</li> </ul>
<b>If you have a degree in social work, what type of degree do you have? (Select All That Apply)*</b>	<ul style="list-style-type: none"> <li>• Not applicable</li> <li>• BSW or equivalent</li> <li>• MSW or equivalent</li> <li>• PhD or DSW</li> </ul>
<b>In a sentence or two please share why you are registering for CapLEARN?</b>	Text
<b>How did you first learn about CapLEARN?</b>	<ul style="list-style-type: none"> <li>• Electronic newsletter (e.g. CAPNews)</li> <li>• Collaborative website</li> <li>• Social media (e.g. LinkedIn, Facebook)</li> </ul>

	<ul style="list-style-type: none"><li>• Child Welfare Virtual Expo</li><li>• In-Person Conference</li><li>• TA Provider</li><li>• Supervisor/colleague</li><li>• Other</li></ul>
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