

OMB Control Number: 1225-0088

OMB Expiration Date: 1/31/24

Public reporting burden for this survey is estimated to average 45 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the survey. This collection of information is voluntary. You are not required to respond to this collection of information unless it displays a valid OMB control number. Please send comments regarding the burden estimate or any other aspect of this collection of information to the Office of Disability Employment Policy, Department of Labor, 200 Constitution Ave., NW, S-1313, Washington, DC 20210 or odepemail@dol.gov and reference OMB control number [1225-0088]. **NOTE: Please do not send your completed survey to this address.**



CAPE-Youth: Group Member Online Survey

Introduction and Consent

The Council of State Governments has contracted the American Institutes for Research (AIR), an independent, nonprofit research organization, to independently evaluate the Center for Advancing Policy on Employment for Youth (CAPE-Youth).

Purpose. This survey aims to collect feedback about the experiences of youth members in the Working Group. The survey should take about 10-15 minutes to complete.

Risks and Benefits. There are no anticipated risks to completing this survey. The benefits are that youth Working Group members can help CAPE-Youth improve its youth engagement and leadership opportunities.

Voluntary Participation. Your participation in this survey is voluntary. There are no consequences if you decide not to complete the survey. Even after you consent to participate, you can skip questions or stop the survey anytime.

Confidentiality. AIR will keep the information you share in this survey confidential. We will store survey data in a secure location to which only AIR staff will have access. In addition, survey data will be reported in the aggregate, meaning we will not report findings at the individual level. We will also keep your identity unknown in our reporting of findings. Although chances are minimal because of the procedures AIR uses to protect confidentiality, there is slight possibility that individuals could be identified due to the small sample size and unique characteristics of the data collected.

Contact information. If you have any questions about the study or this survey, please contact Julia Marchand at jmarchand@air.org. If you have questions about your rights as a survey participant, you may contact AIR's Institutional Review Board by e-mail at IRBChair@air.org or call toll-free at 1-800-634-0797.

1. Please select one.

- ☐ I have read and understand the above information, and **I agree** to participate in this survey.
- ☐ **I do not agree** to participate in this survey.



CAPE-Youth Working Group Activities

2. How often have you been involved in the following activities as a CAPE-Youth working group member?

	Never	Rarely	Sometimes	Often
Attending in-person and virtual Working Group meetings	☐	☐	☐	☐
Providing your perspectives during Working Group discussions	☐	☐	☐	☐
Reviewing and commenting on Working Group findings and recommendations after convenings	☐	☐	☐	☐
Speaking about your transition experience from high school to college/training or employment	☐	☐	☐	☐
Speaking about your experience with transition services and supports	☐	☐	☐	☐
Reviewing and sharing documents and resources developed by CAPE- Youth	☐	☐	☐	☐
Providing input to policymakers about policy options to assist youth and young adults with disabilities in preparing for, attaining, and maintaining employment	☐	☐	☐	☐

3. What types of training and/or support have you received from CAPE-Youth to help prepare you for participating in the Working Group? (Select all that apply)

- ☐ Pre-meeting online sessions or trainings
- ☐ One-on-one coaching or guidance from CAPE-Youth
- ☐ staff Peer support
- ☐ Other (please specify)

- ☐ None

4. How could CAPE-Youth better support youth members of the Working Group?



CAPE-Youth Fellowship

5. Are you a CAPE-Youth fellow?

☐☐

Yes

s

No



CAPE-Youth Fellowship Participant

6. Please identify the CAPE-Youth fellowship opportunities in which you participated. (Select all that apply)

- ☐ Mentorship from state leaders
- ☐ Communication training (e.g., presentation and facilitation skills, writing and editing, online presence)
- ☐ Policymaker engagement

7. Please indicate your level of agreement or disagreement with the following statements about CAPE-Youth fellowship opportunities

Strongly Disagree Disagree Agree Strongly Agree Not Sure

CAPE-Youth provided fellows with essential tools and experiences to help them become leaders in their community.

☐ ☐ ☐ ☐ ☐

CAPE-Youth provided fellows with opportunities to develop their communications skills (such as public speaking and writing).

☐ ☐ ☐ ☐ ☐

CAPE-Youth provided opportunities for fellows to learn about policies impacting youth and young adults with disabilities.

☐ ☐ ☐ ☐ ☐

CAPE-Youth prepared fellows to professionally engage with state leaders and policymakers (such as through presentations and panel discussions).

☐ ☐ ☐ ☐ ☐

8. How could CAPE-Youth better support CAPE-Youth fellows?



Overall Experience

9. Please indicate your level of agreement or disagreement with the following statements about CAPE-Youth

	Strongly Disagree	Disagree	Agree	Strongly Agree
CAPE-Youth prioritizes youth voice by providing an array of opportunities for public speaking and communication skills development.	☐	☐	☐	☐
CAPE-Youth recognizes the importance of youth leadership to improve the transition experience for youth and young adults with disabilities.	☐	☐	☐	☐
CAPE-Youth allowed me to share my experiences to create awareness of the transition successes and challenges of youth and young adults with disabilities.	☐	☐	☐	☐
My experience with CAPE-Youth allowed me to learn from state leaders and policymakers working to improve the transition experience of youth and young adults with disabilities.	☐	☐	☐	☐
I have been able to grow my leadership skills because of my participation in CAPE-Youth.	☐	☐	☐	☐

10. Please share a positive experience that you had as a CAPE-Youth Working Group member or fellow.

11. Please identify some of the challenges you experienced as a CAPE-Youth Working Group member or fellow.

12. Please share any additional comments that you have about your experiences as a CAPE- Youth Working Group member or fellow.