

**Appendix D**  
**State Director and Project Staff Survey**

# State Director and Project Staff Survey

January 6, 2025

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-NEW. Public reporting burden for this collection of information is estimated to average 0.5 hours per response for project staff and 0.33 hours per response for state directors, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact Diandrea Bailey, PhD, U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration, 400 Maryland Avenue SW, Washington, DC 20202 directly.

ALL

The Rehabilitation Services Administration (RSA) awarded 20 state vocational rehabilitation (VR) or state education agencies (SEAs) with funding to implement Pathways to Partnerships model demonstration projects through the Disability Innovation Fund. The projects' purpose is to create and implement systematic approaches to delivering transition services to children and youth with disabilities, including close partnerships across key agencies that deliver these services in ways that improve the education and employment outcomes of children and youth with disabilities. By children and youth, we mean children ages 10 to 13 and youth ages 14 to 24. By transition services, we mean services that support the transitions of children and youth with disabilities from school to adult life.

As part of this work, RSA is sponsoring a national evaluation of the Pathways to Partnerships projects. One goal of the national evaluation is to understand the service systems for children and youth with disabilities in all states and assess how they evolve in the Pathways to Partnerships states. Mathematica is conducting this study for RSA in partnership with M. Davis and Company.

Today, you are being asked to take a short survey about your role at your organization, your relationships with other organizations, and your perspectives on aspects of the service delivery system that help children and youth with disabilities transition from school to adult life. Your participation in this survey is important and will help us learn about transition practices and partnerships in your state.

This survey will take no longer than 30 minutes to complete, depending on your responses [FOR CIL RESPONDENTS: and you will receive a \$30 electronic gift card for completing it]. Participation in the survey is completely voluntary and you may choose to skip any question you prefer not to answer. If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank.

The personally identifiable information (PII) requested on this form is collected as authorized by Consolidated Appropriations Act, 2022, P.L. 117-103 Rehabilitation Services, March 15, 2022. The researchers conducting this study follow the confidentiality and data protection requirements, as required by law. All your responses will be kept private and used only for research purposes. Your responses will be combined with the responses of other respondents and no individual names will be reported. While there are no direct benefits to participants and participation is voluntary, your participation will help us learn how states can better provide services to youth with disabilities. While your information will not be disclosed outside of the Department, there may be circumstances where information may be shared with a third party, such as a Freedom of Information Act request, court orders or subpoena, or if a breach or security incident affects the data management system.

Your participation will help us learn about states' transition services and how they use cross-agency partnerships to support children and youth with disabilities. There are no known risks associated with your participation.

If you have any questions about the study, please contact Mathematica's survey staff at XXX-XXX-XXXX or FFY23DIF@mathematica-mpr.com. If you have any questions or concerns about your rights as a study participant, please contact the WCG Institutional Review Board at (609) 945-0101.

By choosing "yes" below, you are confirming that you understand that the information you provide will be kept private and used only for research purposes. You further understand that your answers will be combined with the responses of other respondents so that no individuals will be identified.

m	YES.....	1	GO TO
	GRID_YN		
m	NO.....	0	GO TO
	CONSENT_END		

New

**GRID\_YN.** Do you want to take this survey in a format that is **accessible to screen readers**?

m	Yes.....	1
m	No.....	0

## A. Respondent Background

ALL

New

**A1. Before we begin, can you confirm your name?**

[FIRST NAME]

(STRING 30)

[LAST NAME]

PROGRAMMER VERIFICATION BOX V3.1  
CHECK THAT A1 MATCHES THE PRELOAD [FNAME] [LNAME]  
IF IT DOESN'T MATCH, ASK A2 OTHERWISE GO TO A5

IF NAME DOES NOT MATCH PRELOAD

FROM PRELOAD: [FNAME] [LNAME]

New

**A2. That name does not match our records. Are you completing this survey on behalf of [FNAME] [LNAME] or go by a name other than [FNAME][LNAME]?**

m Completing on behalf of [FNAME] [LNAME].....1

m Use a name other than [FNAME] [LNAME].....0

NO RESPONSE.....M

IF A2 = 1

FROM PRELOAD: [ORGANIZATION NAME]

New

**A3. Thank you. These first questions are about your current position at [ORGANIZATION NAME]  
What is your current position?**

CURRENT POSITION

(STRING 50)

NO RESPONSE.....M

IF A2 = 1

Adapted from Shaw et al (2023)

**A4. What is your primary role at your job?**

- m Local education agency/school district administrator.....1
- m School administrator.....2
- m Teacher.....3
- m School counselor.....4
- m VR administrator.....5
- m VR counselor.....6
- m CIL administrator.....7
- m CIL counselor.....8
- m Something else.....9

SOMETHING ELSE

(STRING 30)

NO RESPONSE.....M

ALL

Adapted from CATS CN survey, B3

**A5. How many years have you worked in your *current position*?**

**If this is your first year, please enter 1.**

YEARS

[RANGE 1-99]

NO RESPONSE.....M

ALL

Adapted from CATS CN survey and Oertle et al (2017)

**A6. How many years have you worked with children and youth with disabilities?**

**If this is your first year, please enter 1. If you have never worked directly with children or youth with disabilities, please enter 0.**

YEARS [RANGE 0-99]

NO RESPONSE.....M

## B. Transition Supports in Your State

ALL

These next questions ask about your organization's activities supporting transitions from school to adult life for children and youth with disabilities.

**B1. What are your organization's current practices to support children and youth with disabilities?**

*Select all that apply*

- ☐ We have dedicated staff to work with children and youth.....1
- ☐ We have existing memorandums of understanding and collaboration agreements with other entities, such as education agencies, school districts, workforce agencies, vocational rehabilitation agencies, or social service agencies.....2
- ☐ We provide targeted professional development and training to organizations.....3
- ☐ We offer direct transition services and supports to families, children, and youth.....4
- ☐ We hold or attend transition planning meetings with children, youth, and families.....5
- ☐ We analyze data to see how practices affect post-high school outcomes.....6
- ☐ Other (SPECIFY)..... 99  
Specify  (STRING 100)
- NO RESPONSE..... M

ALL

<RQ 2.2> Adapted from IDEA Implementation District 611 Survey, G7

**B2. During the past year, what actions has your organization taken to change or improve practices related to supporting children and youth with disabilities?**

*Select all that apply*

- ☐ We revised or developed memorandums of understanding and collaboration agreements with other entities, such as education agencies, school districts, workforce agencies, vocational rehabilitation agencies, or social service agencies.....1
- ☐ We provided targeted professional development and training to organizations.....2
- ☐ We updated guidance on transition procedures for families, children, and youth.....3
- ☐ We revised transition services and supports offered to families, children, and youth.....4
- ☐ We added transition services and supports offered to families, children, and youth (including hiring additional staff).....5
- ☐ We revised practices to increase child and youth attendance and participation in transition planning meetings.....6
- ☐ We analyzed data to see how practices affect post-high school outcomes and identify areas for improvement.....7
- ☐ Other (SPECIFY).....99  
Specify  STRING (NUM))
- ☐ m No actions.....8
- ☐ NO RESPONSE.....M

ALL

**B3. Which of the following services or activities does your organization currently offer to children and youth with disabilities?**

*Select all that apply*

- ☐ Job or career exploration opportunities.....1
- ☐ Work-based learning experiences.....2
- ☐ Counseling on postsecondary education opportunities.....3
- ☐ Workplace readiness training.....4
- ☐ Instruction on self-advocacy.....5
- ☐ Financial education.....6
- ☐ Benefits counseling.....7
- ☐ NO RESPONSE.....M



ALL

**B4. The next questions ask broadly about the environment in your state to support the transitions of children and youth with disabilities from school to adulthood.**

**To what extent do you agree or disagree with the following statements about supports in your state to promote the transitions of children and youth with disabilities?**

PROGRAMMER: CODE ONE PER ROW

In my state...	Select one per row			
	Strongly agree	Agree	Disagree	Strongly disagree
a. We have a comprehensive and coordinated process that facilitates a smooth progression from the education system to adult system of higher education, employment, and independent living.	1 m	2 m	3 m	4 m
b. We have a comprehensive and coordinated process that addresses the needs of children and youth with disabilities.	1 m	2 m	3 m	4 m
c. We've built partnerships across agencies to better reach and serve children and youth with disabilities.	1 m	2 m	3 m	4 m
d. We hold meetings or events to share promising youth transition practices.	1 m	2 m	3 m	4 m
e. Staff who provide transition services can access relevant development and training opportunities.	1 m	2 m	3 m	4 m
f. We develop and assess outreach and marketing strategies to better reach children and youth with disabilities.	1 m	2 m	3 m	4 m
g. We conduct outreach to communities of color and other underserved communities.	1 m	2 m	3 m	4 m
h. We have adequate supports to promote academic success and school completion among students with disabilities.	1 m	2 m	3 m	4 m
i. We have adequate supports to help youth with disabilities plan for careers and gain work experience before leaving high school.	1 m	2 m	3 m	4 m
j. We support or facilitate data use and data sharing to coordinate and improve services to children and youth with disabilities.	1 m	2 m	3 m	4 m

ALL

<RQ 2.5> Adapted from Carter et al (2021)

**B5. To what extent do the following items represent barriers to collaborating with other organizations to support children and youth with disabilities in your state?**

PROGRAMMER: CODE ONE PER ROW

<i>Select one per row</i>				
	No barrier	Minor barrier	Moderate barrier	Major barrier
a. There are insufficient financial resources to collaborate	1 m	2 m	3 m	4 m
b. There is insufficient time available to collaborate	1 m	2 m	3 m	4 m
c. Children, youth, and families sometimes receive conflicting information from different organizations	1 m	2 m	3 m	4 m
d. We do not know about effective models for collaborating	1 m	2 m	3 m	4 m
e. Coordinating services between different organizations is too difficult	1 m	2 m	3 m	4 m
f. Other responsibilities are more pressing than collaborating with other organizations	1 m	2 m	3 m	4 m
g. Preparing youth for employment is not a high priority for my organization	1 m	2 m	3 m	4 m
h. Preparing youth for employment is not a high priority for other organizations	1 m	2 m	3 m	4 m
i. Organizations are not interested in or willing to collaborate with us	1 m	2 m	3 m	4 m
j. My organization is not interested in collaborating with others.	1 m	2 m	3 m	4 m

ALL

New

**B6. Based on your experience, about what proportion of children and youth with disabilities and their families in your state know where to go for education, employment, or independent living services when they need help?**

Your best guess is fine.

- m Less than 25%..... 1
- m 25-49%..... 2
- m 50-74%..... 3
- m 75% or more..... 4
- NO RESPONSE..... M

ALL

New

**B7. Based on your experience, about what proportion of eligible children and youth with disabilities and their families in your state receive the education, employment, or independent living services they need?**

Your best guess is fine.

- m Less than 25%..... 1
- m 25-49%..... 2
- m 50-74%..... 3
- m 75% or more..... 4
- NO RESPONSE..... M

ALL

New

**B8. How easy or hard do you think it is for children and youth with disabilities and their families in your state to get the education, employment, or independent living services they need?**

- m Very easy..... 1
- m Easy..... 2
- m Hard..... 3
- m Very hard..... 4
- NO RESPONSE..... M

PROJECT STAFF ONLY

The next question asks about your confidence with your knowledge and skills.

**B9. How confident are you with your knowledge and skills in the following areas when working with children and youth with disabilities?**

	Highly confident	Generally confident	Moderately confident	Somewhat confident	Not confident	Not applicable to my job
a. Applying evidence-based practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Working with children and youth from underserved communities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Applying person-centered service planning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Advocating for children and youth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Connecting children and youth with services outside of your organization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Partnering with businesses to support community-based employment for youth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Explaining the eligibility criteria and enrollment processes of other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

service organizations

## C. Relationships with Other Organizations

ALL

DO NOT PRESENT ROW FOR R'S ORGANIZATION

<RQ 1.2> New

**C1. These next questions ask about how you work with other organizations to deliver services to children and youth with disabilities.**

**In the past year, how often did you communicate with staff from each of the following organizations?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	Never	A few times	Quarterly	Monthly or more often
a. State education agency	1 m	2 m	3 m	4 m
b. State vocational rehabilitation agency	1 m	2 m	3 m	4 m
c. Centers for independent living	1 m	2 m	3 m	4 m
d. School districts or local education agencies	1 m	2 m	3 m	4 m
e. Behavioral or mental health agencies	1 m	2 m	3 m	4 m
f. Developmental disabilities agency	1 m	2 m	3 m	4 m
g. Employers or employer groups (such as chambers of commerce)	1 m	2 m	3 m	4 m
h. Foster care	1 m	2 m	3 m	4 m
i. Public health or health insurance agency (such as Medicaid)	1 m	2 m	3 m	4 m
j. Juvenile justice	1 m	2 m	3 m	4 m
k. Local disability advocacy groups (such as The Arc)	1 m	2 m	3 m	4 m
l. Parent training and information centers	1 m	2 m	3 m	4 m
m. Postsecondary education and training institutions	1 m	2 m	3 m	4 m
n. State independent living council	1 m	2 m	3 m	4 m
o. Workforce development board or center	1 m	2 m	3 m	4 m

PROJECT STAFF ONLY

ONLY ASK FOR LINES FROM C1 WHERE RESPONSE IS 2, 3, OR 4

<RQ 1.2> Adapted from IDEA Implementation District Survey 611, G6 / IDEA Implementation State Survey 611 J2

**C2. To support delivery of services to children and youth with disabilities, what does your organization share or do with other organizations?**

PROGRAMMER: CODE ALL THAT APPLY

*Select all that apply per row*

	Make/receive referrals to/from organization	Coordinat e services	Share administrativ e data	Share fundin g	Attend staff training s	Other
a. State education agency	1 m	2 m	3 m	4 m	5 m	6 m
b. State vocational rehabilitation agency	1 m	2 m	3 m	4 m	5 m	6 m
c. Centers for independent living	1 m	2 m	3 m	4 m	5 m	6 m
d. School districts or local education agencies	1 m	2 m	3 m	4 m	5 m	6 m
e. Behavioral or mental health agencies	1 m	2 m	3 m	4 m	5 m	6 m
f. Developmental disabilities agency	1 m	2 m	3 m	4 m	5 m	6 m
g. Employers or employer groups (such as chambers of commerce)	1 m	2 m	3 m	4 m	5 m	6 m
h. Foster care	1 m	2 m	3 m	4 m	5 m	6 m
i. Public health or health insurance agency (such as Medicaid)	1 m	2 m	3 m	4 m	5 m	6 m
j. Juvenile justice	1 m	2 m	3 m	4 m	5 m	6 m
k. Local disability advocacy groups (such as The Arc)	1 m	2 m	3 m	4 m	5 m	6 m
l. Parent training and information centers	1 m	2 m	3 m	4 m	5 m	6 m
m. Postsecondary education and training institutions	1 m	2 m	3 m	4 m	5 m	6 m
n. State independent living council	1 m	2 m	3 m	4 m	5 m	6 m
o. Workforce development board or center	1 m	2 m	3 m	4 m	5 m	6 m

PROJECT STAFF ONLY

ONLY ASK IF ANY ROWS IN QUESTION C1 HAVE RESPONSES 2, 3, OR 4

<RQ 1.2> Adapted from Shaw et al (2023)

**C3. Thinking about your work with other organizations on the Disability Innovation Fund Pathways to Partnerships project, how much do you agree or disagree with the following statements?**

PROGRAMMER: CODE ONE PER ROW

	<i>Select one per row</i>			
	Strongly disagree	Disagree	Agree	Strongly agree
a. Meetings with other organizations accomplish what is necessary for the collaboration to work well	1 m	2 m	3 m	4 m
b. Partner organizations (including my organization) agree about the goals of the collaboration	1 m	2 m	3 m	4 m
c. My organization's tasks in the collaboration are well coordinated with those of partner agencies	1 m	2 m	3 m	4 m
d. Partner organizations (including my organization) have combined and used each other's resources so all partners benefit from collaborating	1 m	2 m	3 m	4 m
e. What my organization brings to collaborations is appreciated and respected by partner organizations	1 m	2 m	3 m	4 m
f. Partner organizations (including my organization) work through differences to arrive at win-win solutions	1 m	2 m	3 m	4 m

## D. Experiences with the Pathways to Partnerships Project

These next questions ask about your experiences with your state's Pathways to Partnerships project. In your state, the project is called [FILL PROJECT NAME].

PROJECT STAFF ONLY

New

### D1. Did you attend any training provided by the Pathways to Partnerships project?

- m Yes..... 1  
m No..... 2 [SKIP TO D3]  
m Don't know..... d [SKIP TO D3]  
NO RESPONSE..... M

Ask if: D1 = 1

New

### D2. How useful did you find the training?

- m Very useful..... 1  
m Somewhat useful..... 2  
m Not useful ..... 3  
m Don't know..... d  
NO RESPONSE..... M

PROJECT STAFF ONLY

New

### D3. Have you visited the project's website?

- m Yes..... 1  
m No..... 2 [SKIP TO E1]  
m Don't know..... d [SKIP TO E1]  
NO RESPONSE..... M



Ask if: D3 = 1

New

**D4. How useful do you think the project website is to each of the following types of potential website users:**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	Very useful	Somewhat useful	Not useful	Don't know
a. Children and youth with disabilities	1 m	2 m	3 m	d m
b. Parents and guardians of children or youth with disabilities	1 m	2 m	3 m	d m
c. Staff who provide services directly to children and youth	1 m	2 m	3 m	d m
d. Administrators of agencies that provide services to children and youth with disabilities	1 m	2 m	3 m	d m
e. Employers	1 m	2 m	3 m	d m

## E. Respondent Background

ALL

These last questions ask about your personal characteristics.

Adapted from NSF-NTEWS survey, B1

### E1. What is the highest level of education you have completed?

Select one only

- m High school diploma or high school equivalence (e.g., GED or HiSET).....1
- m Some college, no degree.....2
- m Associate's degree (e.g., AA, AS).....3
- m Bachelor's degree (e.g., BA, BS).....4
- m Master's degree (e.g., MA, MS, MEd, MSW, MBA).....5
- m Professional degree beyond a Bachelor's degree (e.g., MD, DDS, DVM, LLB, JD) . 6
- m Doctorate degree (e.g., PhD, EdD).....7
- m Other (SPECIFY).....99

Specify

(STRING 30)

NO RESPONSE..... M

ALL

### E2. Do you self-identify as a person with a disability or chronic condition?

- m Yes..... 1
- m No..... 2
- m Prefer not to say..... 3
- NO RESPONSE..... M

ALL

OMB

### E3. Are you:

Select all that apply

- o Female..... 1
- o Male..... 2
- o Transgender, non-binary, or another gender..... 3
- NO RESPONSE..... M

ALL

OMB

**E4. [[Are you]/[Is [NAME]] Hispanic or Latino?**

*MARK ONLY ONE*

- m Yes, Hispanic or Latino..... 1
- m No, not Hispanic or Latino..... 2
- NO RESPONSE..... M

ALL

OMB

**E4a. What is [your/NAME's] race?**

*MARK ALL THAT APPLY*

- o Alaska Native or American Indian..... 1
- o Asian..... 2
- o Black or African American..... 3
- o Native Hawaiian or Other Pacific Islander..... 4
- o White..... 5
- NO RESPONSE..... M

ALL

CATS CN survey, D4

**E5. Do you speak any language(s) other than English?**

*MARK ALL THAT APPLY*

- o Yes, Spanish..... 1
- o Yes, other language(s) (SPECIFY)..... 99

Specify

(STRING)

- m No..... 0
- NO RESPONSE..... M

ALL

New

**E6. What is your age?**

*Select one only*

- m 18 to 29..... 1
- m 30 to 49..... 2
- m 50 to 64..... 3
- m 65 or over..... 4
- NO RESPONSE..... M

CIL RESPONDENTS ONLY

**E7. Please provide an email address where we can send your gift card.**

Email address: (STRING 50)

**Thank you for completing this survey!**