## **Pathways to Partnerships Project Staff Roster**

#### Instructions

Please fill out the "Data requested" tab with one row for each individual involved in the Pathways to Partnerships project as of These may include staff who:

- Interact directly with youth as well as those involved in the oversight, planning, development, or implementation of services for youth, parents, or youth service professionals under the Pathways to Partnerships project.
- Work at the state or local education agency, vocational rehabilitation agency, Centers for Independent Living, or other entite. Are employed by your agency or by partnering contractors and subgrantees involved in your project whose salaries are or arwith project funds.

Refer to the "Definitions" tab if you have questions about the data elements requested.

#### **Privacy Statement**

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

### **Public Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless s collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-NEW. P reporting burden for this collection of information is estimated to average 3 hours per response, including time for reviewing 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 estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of you form, application, or survey, please contact Diandrea Bailey, PhD, U.S. Department of Education, Office of Special Education a Rehabilitative Services, Rehabilitation Services Administration, 400 Maryland Avenue SW, Washington, DC 20202 directly.

#### Questions?

Please contact the Mathematica study team at XXX-XXXX or FFY23DIF@mathematica-mpr.com.

## Pathways to Partnership

Data element
Staff name
Job title
Organization/employer
Staff email
Staff phone number
Staff service location

## s Project Staff Roster

## Definition and purpose

Report the name of each individual involved in overseeing, planning, developing, or implementing services or training for youth, parents, or youth service professionals under the Pathways to Partnerships project as of the reporting date. These might include staff of your agency as well as staff of partnering contractors and subgrantees whose salaries are or are not paid using Pathways to Partnerships grant funds. Include one row per staff member. The purpose of collecting this information is to be able contact staff involved in your state's Pathways to Parnterships project for surveys in project years 2 and 4.

Report the job title of the staff. If they have multiple job titles, include the title relevant to the Pathways to Partnerships project. If they have multiple titles relevant to the Pathways to Partnerships project, include them all.

Report the name of the employer. The purpose of collecting this information is to understand whether staff delivering service are employed by state or local education agencies, a vocational rehabilitation agency, Centers for Independent Living, or othe entity.

Report the best email address for the staff. The purpose of collecting this information is to be able contact staff for surveys in projects year 2 and 4.

Report the best phone number for the staff. The purpose of collecting this information is to be able contact staff for surveys in projects year 2 and 4.

Report the city where the staff member works or provides services to youth, parents, or youth service professionals. If the sta member provides services statewide, please put "statewide." The purpose of collecting this information is to be able to select staff in multiple service areas to complete a survey in projects year 2 and 4.

# **Pathways to Partnerships Project Staff Roster**

Staff name Job title Organization/employer Staff email

Staff service location (city, Staff phone number state or statewide)