

PURPOSE: This short survey will be used to assess the usefulness of the Center for Legal and Judicial Innovation and Advancement (CLJIA) workshops, participant satisfaction, and perceived knowledge gain, to help the CLJIA make adjustments to improve future workshops. The survey will be administered to participants in the CQI workshops, including the target population of CIP team members (CIP staff, child welfare agency staff, judges, attorneys, and other stakeholders from the jurisdiction) and other workshop participants (e.g. if Children's Bureau staff or others choose to take it), at the close of the workshop.

[CLJIA Logo]

OMB# 0970-0576*

Expiration: xx/xx/xxxx

[CQI Topic] Workshop Feedback Survey

Thank you for participating in the [Topic] Workshop. This survey is designed to gather your input on the workshop and its usefulness to your jurisdiction's Court Improvement Program (CIP). Your candid responses will help us understand what worked well and where we should make adjustments to improve future workshops. The survey should take about 4 minutes to complete. Your participation in the survey is completely voluntary, and you may complete as many or as few of the questions as you wish. Your response is anonymous and findings will be reported in aggregate. Completion of the survey indicates you agree to participate. If you have questions, please contact Kristen Woodruff, Evaluator for the Center for Legal and Judicial Innovation and Advancement (CLJIA), at kristenwoodruff@westat.com. Thank you!

Please indicate your level of agreement with the following statements about the [Topic] Workshop.

| | Strongly Disagree | 2 | 3 | Neither | 5 | 6 | Strongly Agree |
|--|-------------------|---|---|---------|---|---|----------------|
| 1. The materials and information were appropriate for my level of experience and knowledge. | 1 | 2 | 3 | N | 5 | 6 | 7 |
| 2. The [Topic] Workshop will be helpful in my work. | 1 | 2 | 3 | N | 5 | 6 | 7 |
| 3. Overall, I was satisfied with the [Topic] Workshop. | 1 | 2 | 3 | N | 5 | 6 | 7 |
| 4. The [Topic] Workshop increased my knowledge about moving my court improvement project forward. | 1 | 2 | 3 | N | 5 | 6 | 7 |
| 5. The [Topic] Workshop has increased my practical skills regarding moving my court project forward. | 1 | 2 | 3 | N | 5 | 6 | 7 |
| 6. As a result of the information I learned through the [Topic] Workshop, I will be a more effective in my work. | 1 | 2 | 3 | N | 5 | 6 | 7 |
| 7. I am confident that I can apply what I have learned in this [Topic] Workshop to other projects in my state. | 1 | 2 | 3 | N | 5 | 6 | 7 |
| 8. The Workshop helped build my CIP's capacity to move our [Topic] project forward in identifying, implementing, and/or evaluating our court improvement strategy. | 1 | 2 | 3 | N | 5 | 6 | 7 |
| 9. The online format of the tailored time (for my state project) met my needs. [virtual workshops only]. | 1 | 2 | 3 | N | 5 | 6 | 7 |

(Please continue on next page)

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: This collection of information will be used to assess usefulness of the CLJIA workshop, participant satisfaction and perceived knowledge gain, to help the CLJIA make adjustments to improve future workshops. Public reporting burden for this collection of information is estimated to average 4 minutes per response, 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 OMB number and expiration date for this collection are OMB #0970-0576, Expiration: xx/xx/xxxx. If you have any comments on this collection of information, please contact Scott Trowbridge, ACF, Administration on Children, Youth and Families (ACYF) by e-mail at Scott.Trowbridge@acf.hhs.gov.

10. Please rate your understanding of and/or ability for the following topics both before and after the CQI Workshop on a scale of 1 to 5 (1=Low, 5=High)

| Please rate your understanding/ability <i>prior</i> to the CQI Workshop | | | | | | Please rate your understanding/ability <i>after</i> the CQI Workshop | | | | |
|---|---|---|---|------|-----------|--|---|---|---|------|
| Low | | | | High | | Low | | | | High |
| 1 | 2 | 3 | 4 | 5 | <<topic>> | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | <<topic>> | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | <<topic>> | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | <<topic>> | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | <<topic>> | 1 | 2 | 3 | 4 | 5 |

11. What aspects of the Workshop were most relevant and useful for your work?

12. Were there ways in which the Workshop could have been more useful to you? ☐ Yes ☐ No

If yes, please describe how this Workshop could have been more useful?

13. Please provide a specific example of how you plan to apply the information from the Workshop in your work.

14. Do you have any other comments you would like to share about the Workshop?

15. Which of the following best describes your role in this Workshop?

- ☐ **CIP Team Member:** CIP Director, Coordinator or other staff; Child welfare agency leadership or staff; Judge, attorney, or other officer of the court; Parent or youth with lived experience; or other stakeholder from the jurisdiction
- ☐ **Other:** Children's Bureau staff, other TA Center staff or consultant, or other

16. Which of the following did you participate in? (Check all that apply) [virtual workshops only]

- ☐ [Group session name/date]
- ☐ [Group session name/date]
- ☐ [Tailored session(s) to discuss my state's project]

THANK YOU FOR YOUR RESPONSE!