CapLEARN Registration Form

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: 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 grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. 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 # is 0970-0617 and the expiration date is 09/30/2026. 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
Sex (Select One)	Prefer not to answer Female Male
Which best describes you? **(Select All That Apply)***	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
Which best describes your employer/organization? (Select One)*	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
What is your primary role in the agency (Select One)*	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
Which of the following best describes your primary work responsibilities in the agency? (Select Up to Three)*	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
Which of the following best describes your primary role? (Select One)*	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

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

Section 3

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

Section 4

New CapLEARN Field Name	New CapLEARN Field Type
How many years of experience do you have working in child welfare? (Select One)*	• Not Applicable • Less than 1 year • 1–5 years of service • 6–10 years of service • 11–15 years of service • 16+ years of service
What was the highest level of education you completed? (Select One)*	• Some K-12 education (or equivalent) • High school graduate (or equivalent) • Some college (1-4 years, no degree) • Associate's degree (including occupational or academic degrees) • Bachelor's degree (BA, BS, AB, BSW, etc.) • Master's degree (MA, MS, MSW, etc.) • Doctoral degree (MD, JD, PhD, EdD, etc.)
If you have a degree in social work, what type of degree do you have? (Select All That Apply)*	• Not applicable • BSW or equivalent • MSW or equivalent • PhD or DSW
In a sentence or two please share why you are registering for CapLEARN?	Text
How did you first learn about CapLEARN?	• Electronic newsletter (e.g. CAPNews) • Collaborative website • Social media (e.g. LinkedIn, Facebook)

	• Child Welfare Virtual Expo • In-Person Conference • TA Provider • Supervisor/colleague • Other