

# 2025 National Adoption Month Campaign Feedback Survey

OMB Control Number: 0970-0401 Expiration Date 6/30/2027

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) The purpose of this information collection is to gather feedback on the National Adoption Month campaign page to ensure capacity-building products and services meet the needs of child welfare professionals. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, 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 control number for this project is 0970-0401. The control number expires on June 30, 2027. If you have any comments on this collection of information, please contact Jing Sun, Child Welfare Information Gateway, by e-mail at [jing.sun@icf.com](mailto:jing.sun@icf.com).

Please let us know how you are using this year's National Adoption Month campaign page so we can continue to enhance our campaign efforts to better meet your needs. Participation is voluntary and reports will not include any identifying information. This survey is intended for customers who are at least 18 years old. If you have any questions or require accessibility assistance with this survey, please contact Child Welfare Information Gateway staff by email at [info@childwelfare.gov](mailto:info@childwelfare.gov) or by telephone at [800-394-3366](tel:800-394-3366). Thank you for helping us help you.

**1. Please describe why you are visiting the NAM campaign page.**

- ☐ For my work
- ☐ For my education or schoolwork
- ☐ For my own personal or family use

**2. NONPROFESSIONAL: Which of the following best describes your role? Select all that apply.**

- ☐ Student
  - ☐ Relative or kin caregiver
  - ☐ Youth in foster care (current or former)
  - ☐ Person who was adopted
  - ☐ Prospective adoptive parent
  - ☐ Adoptive parent
  - ☐ Foster parent *(both personal and professional for skip logic)*
  - ☐ Birth parent
  - ☐ Placing a child for adoption
  - ☐ Member of the general public
  - ☐ Other (Please describe in the text box below.)
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**2a. PROFESSIONALS: Which of the following best describes your professional background?**

- ☐ Adoption services
- ☐ Prevention services
- ☐ Family support services
- ☐ Child protective services
- ☐ Foster care services
- ☐ Kinship care services
- ☐ Legal or courts (e.g., GAL, CASA, attorney)

- ☐ Law enforcement
  - ☐ Youth services
  - ☐ Juvenile justice
  - ☐ Health or mental health services
  - ☐ Substance use services
  - ☐ Researcher, evaluator, or consultant
  - ☐ Early childhood educator (0–5 years)
  - ☐ Teacher (K–12)
  - ☐ Professor or faculty (higher education)
  - ☐ Licensing specialist
  - ☐ Media (e.g., reporter, journalist)
  - ☐ Outreach or communications
  - ☐ Other (Please describe in the text box below.)
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2b. **PROFESSIONALS: Which of the following best describes your workplace?**

- ☐ Local or county child welfare agency (public or private)
  - ☐ State child welfare agency
  - ☐ Tribal child welfare agency or organization
  - ☐ Federal agency
  - ☐ Community-based or faith-based organization
  - ☐ Mental health or behavioral health agency
  - ☐ National organization (e.g., nonprofit, advocacy)
  - ☐ Training and technical assistance service provider
  - ☐ Educational institution (e.g., early education, K–12, college, university)
  - ☐ Other (Please describe in the text box below.)
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2c. **PROFESSIONALS: Which of the following best describes your position?**

- ☐ Client-facing staff (e.g., caseworker, direct service worker)
- ☐ Supervisor or manager
- ☐ Director or administrator
- ☐ Training specialist
- ☐ Outreach coordinator
- ☐ Licensing specialist
- ☐ Mental health provider
- ☐ Other (Please describe in the text box below.) \_\_\_\_\_

2d. **NONPROFESSIONALS: Please tell us more about what topics or resources you are looking for today and how those topics or resources may be helpful to you.**

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3. **How long have you used NAM information and resources?**

- ☐ This is my first time
- ☐ 1 year

- ☐ 2–4 years
- ☐ 5–10 years
- ☐ More than 10 years

**4. Which of the following best describes your involvement in the NAM campaign?**

- ☐ I am currently leading or will lead a campaign within my organization or agency this year.
- ☐ I will participate in a local campaign in my community.
- ☐ I am aware of campaigns in my community, but I will not be joining.
- ☐ I am not aware of any campaigns in my community but would like to lead or join one.
- ☐ Other (Please describe in the text box below.) \_\_\_\_\_

**5. How useful are the resources and information available on the NAM campaign page?**

- ☐ Very useful (Please explain in the text box below.) \_\_\_\_\_
- ☐ Useful (Please explain in the text box below.) \_\_\_\_\_
- ☐ Somewhat useful (Please explain in the text box below.) \_\_\_\_\_
- ☐ Not useful (Please explain in the text box below.) \_\_\_\_\_

**6. On a scale of 1 (poor) to 5 (excellent), please rate the following about your experience on the NAM campaign page.**

	1	2	3	4	5	N/A
Ease of finding information within the NAM campaign page						
Ease of sharing information and resources from the NAM campaign page						
Appeal of the NAM campaign page design						
Content that matches my needs						
Content that highlights examples of those who have personal experience with adoption and/or foster care						

**6a. Please explain your ratings in the text box below.**

\_\_\_\_\_

**7. PROFESSIONAL.** Please select all resources and tools your organization will use to educate and promote awareness about adoption and permanency. Please describe how you have used or intend to use the resources you selected in the text box below each item. If you have not used or do not intend to use the resources, please continue to the next question.

	<i>I have already used the. . .</i>	<i>I intend to use the. . .</i>
Youth and Family Voices _____	<input type="radio"/>	<input type="radio"/>

Outreach Toolkit _____	0	0
National Adoption Month Resources _____	0	0
AFCARS Statistics _____	0	0
White House Proclamation _____	0	0
Children's Bureau Message _____	0	0
National Adoption Month Webinar Recording _____	0	0

**8. PROFESSIONAL.** Please select all ways you have used or intend to use the information on the NAM campaign page. If you have not used or do not intend to use the resources, please continue to the next question.

	<i>I have already used the NAM resources. . .</i>	<i>I intend to use the NAM resources. . .</i>
To support public awareness or advocacy efforts for NAM	0	0
To support the protective capacities of families and communities	0	0
To increase my knowledge or transform my attitudes	0	0
To share with others	0	0
To implement, sustain, or improve programs (e.g., program management, logic model development, program evaluation, change management)	0	0
To share in a formal training environment	0	0
To support practice improvement or sustain good practice	0	0
To support policy change or sustain good policies	0	0
To conduct research or evaluation	0	0
For grant writing or fundraising	0	0
For my professional development	0	0
For personal use	0	0
For a class assignment	0	0

Other (Please describe in the text box below.) _____	0	0
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8a. Please explain your response above. \_\_\_\_\_

9. *[If the respondent checked have used or intends to use "to share with others" in Q8]*  
**PROFESSIONAL.** Please indicate with whom you have shared or plan to share the information you found on the NAM campaign page.

	<i>I have already shared the NAM resources with. . .</i>	<i>I intend to share the NAM resources with. . .</i>
Families or clients	0	0
Community-based service providers	0	0
My supervisor or agency leader	0	0
My agency's outreach and marketing representatives	0	0
Staff who report directly to me	0	0
Colleagues	0	0
Friends and family	0	0
Other (Please describe in the text box below.) _____	0	0

9a. Please provide more information about your response to the question above.  
 \_\_\_\_\_

10. Please rate your agreement with the following statements about the NAM campaign page.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information on the NAM campaign page promotes public awareness about the importance of adopting teens.	0	0	0	0	0
The information and resources on the NAM campaign page provide access to quality resources and tools that help me to engage youth in their permanency planning.	0	0	0	0	0
The NAM campaign page provides access to quality resources and tools for me to plan or support local National Adoption Month events and campaigns.	0	0	0	0	0

10a. Please explain your ratings. \_\_\_\_\_

**11. How did you hear about the NAM campaign this year?**

- ☐ Search engine (e.g., Google, Yahoo)
- ☐ Notification (e.g., email, intranet posting) from my local or State agency or organization
- ☐ Linked from another website (Please describe in the text box below.) \_\_\_\_\_
- ☐ Conference or presentation (Please describe in the text box below.) \_\_\_\_\_
- ☐ Email from Information Gateway or the Children's Bureau (Please describe in the text box below.) \_\_\_\_\_
- ☐ Notification (e.g., email, internet posting) from another organization (Please describe in the text box below.) \_\_\_\_\_
- ☐ Notification (e.g., email, intranet posting) from my internal organization
- ☐ Browsing Information Gateway's website
- ☐ Colleague or friend told me about it
- ☐ Social media (e.g., Facebook, X [formerly Twitter])
- ☐ Hardcopy publication
- ☐ Podcast or webinar
- ☐ Mobile app search
- ☐ Other (Please describe in the text box below.) \_\_\_\_\_

**12. PROFESSIONAL.** Please indicate which tools from the Outreach Toolkit you have used or intend to use to help educate and promote awareness for NAM in your network or community. If you have not used or do not intend to use the resources, please continue to the next question.

	<i><b>I have already used these tools from the Outreach Toolkit. . .</b></i>	<i><b>I intend to use these tools from the Outreach Toolkit. . .</b></i>
Graphics	<input type="radio"/>	<input type="radio"/>
GIFs	<input type="radio"/>	<input type="radio"/>
Zoom or Microsoft Teams virtual background	<input type="radio"/>	<input type="radio"/>
Email signature	<input type="radio"/>	<input type="radio"/>
Social media banners (Facebook, LinkedIn, and X [formerly Twitter])	<input type="radio"/>	<input type="radio"/>
Social media posts	<input type="radio"/>	<input type="radio"/>

Other (Please describe in the text box below.)	0	0
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**12a. Please provide more information about your response to the question above.**

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**13. PROFESSIONAL.** Please select how you have used or intend to use the tools in the Outreach Toolkit to educate and promote awareness of NAM. If you have not used or do not intend to use the resources, please continue to the next question.

	<i>I have already used the tools in the Outreach Toolkit to. . .</i>	<i>I intend to use the tools in the Outreach Toolkit to. . .</i>
Post on X (formerly Twitter)	0	0
Post on Facebook	0	0
Post on Instagram	0	0
Post on LinkedIn	0	0
Update my social media profile picture or banners	0	0
Post a link on an organization's website	0	0
Provide information to colleagues or child welfare professionals	0	0
Provide information in an email newsletter	0	0
Post information on my organization's internal website or intranet	0	0
Use a virtual background to show support in meetings	0	0
Other (Please describe in the text box below.) <hr/>	0	0

**14. PROFESSIONAL.** Are there any topics or resources that you would like to see included in future NAM campaigns? If so, please share below.

15. Do you have any additional comments or suggestions about the NAM campaign webpage?

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Thank you for taking this survey!

If you have any questions, please contact NAM staff by email at [info@childwelfare.gov](mailto:info@childwelfare.gov) or by phone at [800-394-3366](tel:800-394-3366).