O4OI ONBOARDING SURVEY

Intro

Welcome Hi! Thank you for taking the time to complete this important survey. Your honest and thoughtful responses are greatly appreciated. We highly encourage you to complete the entire survey in one sitting. For questions regarding the survey, please see the attachments within the launch email from Josh Copus.

Questions

1. Key Personnel For the following questions, please provide the following basic information for the top two people that act as key decision-makers or managers of data services at your organization. There will be an opportunity to connect us with additional staff at a later date.

No answer to show

2. Please provide basic information for key decision maker/manager #1:

Text - Single Line 1	Full Name
Text - Single Line 2	Organization
Text - Single Line 3	Title
E-mail 4	Email
Number 5	Tel
Text - Area 6	Additional Info

3. Please provide basic information for key decision maker #2:

Text - Single Line 1	Full Name
Text - Single Line 2	Organization
Text - Single Line 3	Title
E-mail 4	Email
Number 5	Tel
Text - Area 6	Additional Info

4. Programs and Partners The following section informs us about the partnerships and the programs administered by your organization.

No answer to show

5. Please select all of your organizations' state and/or federal workforce or related programs (private, philanthropic, or otherwise funded) that use or require education and training data in the list below. Please write in any additional programs in the text box provided.

1	WIOA
2	TAA
3	TANF
4	SNAP E&T
5	RESEA (Reemployment Services and Eligibility Assessment)

Additional Text
Other (please specify)

6. Please rank (drag and drop), in order of importance, the reasons that you collect education and training program data.

1	Compliance and Reporting
2	Internal Analysis
3	Related to Specific Partnerships/Initiatives
4	Statutory Requirements
5	Future or Current Grants or Funding Opportunities
6	Integration into an Application or Tool for Individuals to Seek Training
7	Understanding/measuring program efficacy

7. Do you have established regional relationships with any of the entities listed below, which you consider to be critical/important to your work on the education to workforce pipeline? If so, please briefly describe the nature of that relationship. Describe all that apply.

Text - Area 1   Local Chambers of Commerce

Text - Area 2   Economic Development Agency

Text - Area 3   Community Colleges

Text - Single Line 4   Career and Technical Education Providers

Text - Area 5   Labor Unions

Text - Area 6   Business/Community Organizations

Text - Area 7   Other (please specify)

8. Data Availability and Usage The following questions are to determine the data available to you and your organization. Please provide the requested information, to the best of your ability, in the fields provided.

No answer to show

9. For each data category below, please use the drop down menu provided to select the most appropriate response in terms of your organization's ability to access the data and who collects it. If more than one answer applies to a data category (e.g. your organization collects some, but not all), please select the "Multiple Answers" option and provide more detail in the text box provided directly below that data category.

Dropdown 1	Education and Training Programs
Text - Area 2	Multiple Answers--please provide more detail
Dropdown 3	Participants
Text - Area 4	Multiple Answers--please provide more detail
Dropdown 5	Wage Records
Text - Area 6	Multiple Answers--please provide more detail
Dropdown 7	Employment Records
Text - Area 8	Multiple Answers--please provide more detail
Dropdown 9	Job Listings
Text - Area 10	Multiple Answers--please provide more detail
Dropdown 11	Industry Credential Attainment
Text - Area 12	Multiple Answers--please provide more detail
Dropdown 13	Others (please specify)
Text - Area 14	Multiple Answers--please provide more detail

10. Data Sharing The following questions look to inform us of the data sharing permissions available to you and your organization. Please provide the requested information, to the best of your ability, in the fields provided.

No answer to show

11. Does your organization have the authority or permissions needed to share or establish data sharing arrangements for education and training program data?

1	Yes
2	No
3	No, but we could aid in facilitating a data sharing arrangement with the data owner

Additional Text
If yes, with whom have you established data sharing agreements?

12. Please list any citations for state and/or federal laws that impact your organization's ability to share data or how your organization must share data. You may either upload documents or paste citations in the text box provided.

No answer to show

Additional Text
Please list citations here if not uploading a file.

13. Since you do not currently have data sharing permissions, we just need a few more details before the survey wraps up:

Text - Area 1	Which organizations do have the authority to share or establish data sharing agreements for education and training data? Please provide as much detail as possible.
Text - Area 2	Do these organizations share it appropriately and effectively?
Text - Area 3	With whom has data been shared in the past?
Text - Area 4	What permissions are necessary for your organization to be able to share this data? What parties would need to be involved?

14. Do you currently have existing data sharing arrangements in place with non-ETPL education or training providers?

Dropdown 1	Please select an option below
Text - Area 2	Please specify below

15. Please provide information for the individual at your organization who is responsible for executing data sharing arrangements and provide details as to this person's specific role.

Text - Single Line 1   Full Name

Text - Single Line 2   Job Title

Text - Single Line 3   Email Address

Text - Area 4   Describe this person's role at your organization

16. Who, at your organization, is responsible for ensuring that data is shared with appropriate parties according to the terms of these agreements? What additional responsibilities does this person have?

Text - Single Line 1   Full Name

Text - Single Line 2   Job Title

Text - Single Line 3   Email Address

Text - Area 4   Describe any additional responsibilities of this role.

17. Please specify the types of data shared through these agreements. Check all that apply and provide any additional important context using the text box at the bottom.

| 1 | Personal Identifiable Information (PII) |

| 2 | Participant Demographic Data |

| 3 | Program Description Data |

| 4 | Participant Completion Rates |

| 5 | Retention Data |

| 6 | General Job Placement Data |

| 7 | Industry-Specific Job Placement Data |

| 8 | Wage Data |

| 9 | Credentials Earned |

| 10 | Job and/or Skill Demand Data |

| 11 | Employer Data |

| 12 | Dual Enrollment and/or Transfer Data |

Additional Text
Other, please describe.

18. Please select all personal identifiable information that you currently collect from participants. Please use the text box at the bottom to list any other PII you collect that is not provided here.

1	First Name
2	Last Name
3	Date of Birth
4	Social Security Number (SSN)
5	Physical Address
6	Email Address
7	Telephone Number
8	Mobile Phone Number
9	Current Place of Employment
10	Driver's License Number

Additional Text
Other, please describe.

19. Which of the following are typically included in the "General Terms and Conditions" of data sharing arrangements administered by your organization? Please check all that apply and use the text box to provide any other typical inclusions not listed.

1	Duration of agreement
2	Minimum data security requirements
3	Personnel access permissions and limitations
4	Usage/Sharing permissions and limitations
5	Frequency of data exchange
6	Method/Process for data exchange
7	Confidentiality clause(s)
8	Intellectual property clause(s)
9	Purpose for entering into the agreement
10	Severability
11	Termination
12	Rights to Inspection/Monitoring/Compliance/Quality Assurance

Additional Text
Other, please describe.

20. If you currently collect and/or have access to wage records for training program participants, please identify if the data is made available as any of the following:

1	Aggregate Data
2	Anonymized Data
3	Data with PII

Additional Text
Other (please specify)

21. If you are currently collecting and/or able to access employment records for training program participants, please identify if the data is made available as any of the following:

1   Aggregate Data

2   Anonymized Data

3   Data with PII

Additional Text
Other (please specify)

22. About your Data Team Thank you for your time and insights so far. We just need a few more details before the survey wraps up.

No answer to show

23. Please provide information for the primary decision-maker on data collection, management, and/or data sharing?

Text - Single Line 1   Full name

Text - Single Line 2   Organization

Text - Single Line 3   Job Title

Number 4   Tel:

Text - Single Line 5   E-mail:

Text - Area 6   Provide additional detail about this person's role at your organization

24. Please provide information for the primary subject matter / technical expert on data collection, management, and/or data sharing? (add as needed)

Opt-in 1   Same as decision maker

Text - Single Line 2   Full Name

Text - Single Line 3   Organization

Text - Single Line 4   Job Title

Text - Single Line 5   Email:

Number 6   Tel:

Text - Area 7   Provide additional detail about this person's role at your organization

25. Please add any additional data team personnel. Use open text box to add additional people as needed.

Text - Single Line 1   Full Name

Text - Single Line 2   Organization

Text - Single Line 3   Job Title

Text - Single Line 4   Email:

Number 5   Tel:

Text - Area 6   Describe this person's role at your organization

Text - Area 7   Provide details of any additional personnel here

26. Using the boxes provided, please identify 3 to 5 people that you feel would be ideal for us to work with throughout the process of designing the data dashboard that will ultimately be used by your organization and many others. Ideal candidates would be those who frequently analyze and/or present these data. Please provide these individuals' full name, title, email address, and organization (if not your own).

Text - Area 1	Person #1 Insert: Name, Title/Organization and Email
Text - Area 2	Person #2 Insert: Name, Title/Organization and Email
Text - Area 3	Person #3 Insert: Name, Title/Organization and Email
Text - Area 4	Person #4 Insert: Name, Title/Organization and Email
Text - Area 5	Person #5 Insert: Name, Title/Organization and Email

27. Please identify a person who can provide examples of the output you produce to help us better understand how you use the education and training data you collect.

Text - Single Line 1	Full Name
Text - Single Line 2	Organization
Text - Single Line 3	Job Title
Text - Single Line 4	Email:
Number 5	Tel:
Text - Area 6	Describe this person's role at your organization

Outro

Thank you for taking the time to complete this survey. We understand your time is valuable. Your feedback is extremely important to the Outcomes for Opportunity Initiative, and we promise to put it to good use in the coming months!