

RISE Posttest

Date: ____ / ____ / ____

PERMANENCY
INNOVATIONS
INITIATIVE

PII



Included in this packet are your survey, the consent information sheets, and a security envelope.

Please read the enclosed consent information sheet carefully and thoroughly prior to beginning your survey. Then, decide whether you would like to complete this survey. If you choose to complete the survey, please answer the questions about your views and experiences with lesbian, gay, bisexual, transgender, and questioning (LGBTQ) clients and the availability of agency resources to facilitate work with this population. The survey contains 15 questions that begin on the next page. Turn the page to landscape view to answer the questions. When you are done, please mail a copy of the consent information sheet and the survey in the provided envelope.

Thank you for considering participation in this important study.

Instructions for marking a response:

- Please use a blue or black pen to complete this form.
- Mark 'X' in the response box to indicate your answer:

<input checked="" type="checkbox"/>	Option 1	<input type="checkbox"/>	Option 2	<input type="checkbox"/>	Option 3
-------------------------------------	----------	--------------------------	----------	--------------------------	----------

Date of IRB approval of this consent: 11/30/12
Expiration date of IRB approval of this consent: 10/1/13

OMB NO: xxxx-xxxx
EXPIRATION DATE: xx/xx/xxxx

Burden Statement: This collection of information is voluntary and will be used to evaluate the Permanency Innovations Initiative. Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer (Attn: OMB/PRA 0970-0355), Office of Planning, Research and Evaluation, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade S.W., Washington DC 20447.

RISE Posttest

PLEASE USE BLUE OR BLACK INK. PLACE AN "X" IN THE BOX THAT INDICATES HOW STRONGLY YOU AGREE OR DISAGREE WITH EACH STATEMENT.					
It's important for me to:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. Verbalize respect for being LGBTQ or gender-variant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Be knowledgeable about LGBTQ and gender-variance resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Educate myself about LGBTQ and gender-variant people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Help LGBTQ children and youth develop positive identities as LGBTQ and gender-variant individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Challenge misinformation about LGBTQ and gender-variant people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Help children and youth reduce or get rid of shame about LGBTQ or gender-variant feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The office or agency where I work provides:					
7. Support and resources for LGBTQ and gender-variant children and youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Professional development opportunities to improve knowledge, skills, and attitudes for effective practice with LGBTQ and gender-variant children and youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information about issues unique to LGBTQ and gender-variant individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLACE AN "X" IN THE BOX THAT INDICATES HOW FREQUENTLY YOU DO EACH OF THE BEHAVIORS.					
In my work with all children and youth, I:	Always	Usually	Sometimes	Rarely	Never
10. Verbalize that an LGB orientation is as healthy as a heterosexual orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Verbalize that gender variance is as healthy as gender conformity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Demonstrate comfort about LGBTQ and gender-variance issues to LGBTQ and gender-variant children and youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Educate myself about LGBTQ and gender-variance concerns and issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Create a climate that allows for voluntary self-identification by LGBTQ and gender-variant children and youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Discuss sexual orientation and gender identity in a nonthreatening manner with children and youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISE Posttest

Items 1-6 and 10-15 on the LGBTQ Competence Scale are based on the Gay Affirmative Practice (GAP) scale developed by Dr. Catherine Crisp. Retrieved from: <https://sites.google.com/site/ccrisp002/gayaffirmativepracticescale>. Items 7-9 on the LGBTQ Competence Scale were developed for RISE.

Date of IRB approval of this consent: 11/30/12
Expiration date of IRB approval of this consent: 10/1/13

OMB NO: xxxx-xxxx
EXPIRATION DATE: xx/xx/xxxx

Burden Statement: *This collection of information is voluntary and will be used to evaluate the Permanency Innovations Initiative. Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer (Attn: OMB/PRA 0970-0355), Office of Planning, Research and Evaluation, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade S.W., Washington DC 20447.*