



## Family Leadership Activities - Draft

### Agency Information

Dear Participant,

We invite you to participate in completing an online survey sharing information about family leadership activities your agency supports. This survey was created as a follow up to *Leading Together: A Convening of Family-Led and Family-Supporting Organizations Creating a Shared Vision* meeting that occurred on April 29, 2015. Agencies who participated in that meeting identified areas to work together to coordinate and integrate activities across programs to better support family engagement and family leadership opportunities.

#### Purpose

Feedback from those who participated in this meeting indicated they would greatly benefit from knowing what family leadership activities are available to families in Wisconsin. A workgroup gathered and decided to survey organizations who participated in the April 29, 2015 meeting, to determine what family leadership activities are available to families in Wisconsin. The workgroup compiled a list of family leadership characteristics which is available at <insert link>. This list can be used as a reference to best understand the family leadership activities we are hoping to capture by conducting this survey.

Information provided in this survey will be used to create a shared online platform for agencies and families to access the family leadership activities available to families in Wisconsin. The information will be located at [Family Voices of Wisconsin](#) website.

#### Respondent Instructions

Thank you in advance for sharing information about family leadership activities your agency provides. We would ask that agencies **select one representative** to complete this survey on behalf of your organization. You will have the opportunity to respond by <insert date>. If you are unable to respond within this time frame, please contact Barbara Katz at 608.220.9598 or by email at [barb@fvofwi.org](mailto:barb@fvofwi.org) or if you have any questions about the survey.

#### 1. Please provide your contact information in case there are questions on this submission.

Name:

Organization:

Email Address:

Phone Number:





## Family Leadership Activities - Draft

### *Agency Information*

**\* 2. What geographic area does your organization serve?**

- Statewide
- Single County
- Multiple Counties



## Family Leadership Activities - Draft

### *Agency Information*

#### 3. Which county does your organization serve?

County Counties



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### *Agency Information*

**4. List the counties or region your organization serves.**





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### Family Leadership Activity

For the following section, you will have the opportunity to respond to a set of questions about family leadership activities your agency provides. Please respond considering family leadership activity your agency offers to families. We are asking survey participants to *enter up to **five** family leadership activities*. If your agency supports more than five activities, please group similar offerings together (i.e. addressing similar topics or similar modalities such as telephone workshops, support groups, listserv's, etc.).

#### 5. Title of family leadership activity.

#### 6. Description of family leadership activity. Please include the modality (in-person/online) and geographic location of the activity within your response.

#### 7. Whom does this family leadership activity serve?(Check all that apply)

- Children (0-18)
- Family members
- Professionals

Other (please specify)

**8. Contact information for activity. (i.e. key contact, website link, etc.)**

**9. Frequency of this family leadership activity. (i.e. offered monthly, offered in January, March, July etc.)**

**10. Duration of this family leadership activity. (i.e. 4 hours monthly for 6 months, 8 hours, etc.)**

**11. Are there requirements to participate in this family leadership activity?**

**12. Does this family leadership activity have expectations for participants engaging in this activity?  
(i.e. completing homework, etc.)**

**13. Is there a fee to participate in this family leadership activity?**



**14. Is support available for families to be able to participate? (i.e. mileage, scholarship, billable to Children's Long Term Support)**

**15. Is this activity available to those who speak another language?**

Pick language

Yes

Other (please specify)



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### 16. Outcome(s) of this family leadership activity. (check all that apply)

- Communication Skills/Story telling
- Information/Content knowledge
- Knowledge of policies at community level
- Knowledge of policies at federal level
- Knowledge of policies at state level
- Knowledge of resources and system of support
- Preparing for Family Leadership roles
- Skills in peer to peer mentorship
- Skills in policy or systems change advocacy

Other (please specify)

### 17. Do you have another family leadership activity?

- Yes
- No



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### Concluding Questions

For the following questions please respond considering any/all family leadership activities.

**18. Do we have your permission to share information provided with families and other member organizations? For those who agree, the family leadership activities will be shared on an online platform housed on the [Family Voices of Wisconsin](#) website.**

Yes

No

**19. Has your agency used distance learning (i.e. live or recorded webinars, telephone workshops, etc.) to offer family leadership activities?**

Yes

No

Comments:

**20. Do you have any overall "lessons learned" from the family leadership activities your agency offers? (i.e. time of day, support for success, etc.) Please explain:**