

# TITLE IV-E

## Agenda

- |                    |   |
|--------------------|---|
| 10:30 – 11:00 a.m. | Registration  |
| 11:00 – 12:00 p.m. | Contrary to the Welfare and Reasonable Efforts Findings |
| 12:00 – 12:15 p.m. | Break   |
| 12:15 – 1:00 p.m.  | Lunch   |
| 1:00 – 2:00 p.m.   | Title IV-E Eligibility Requirements                     |
| 2:00 – 3:00 p.m.   | Title IV-E Appeals                                      |

**Court Improvement Program- Match In-kind Resources**

**Time Estimate/Duties and Functional Responsibilities**

On \_\_\_\_\_, you participated in a \_\_\_\_\_ Meeting.  
The meeting started at \_\_\_\_\_ and ended at \_\_\_\_\_.

This is a CIP initiative; therefore, the time you spent both at the meeting and in preparation for the meeting qualifies as an in-kind match for the State Court Administrative Office (SCAO). We appreciate the following information relative to the costs of your attendance. Please, if at all possible, provide us with your hourly rate, including your best estimate of your fringe benefit rate. (If you cannot provide a best estimate of your fringe rate, please let us know it is not included). If you are paid with federal funds, please DO NOT fill out this form as we cannot use your time for our match.

My title is \_\_\_\_\_ and my primary job responsibilities  
are\_\_\_\_\_.

My total time spent in the above activity is worth \_\_\_\_\_.  
(dollar amount= hourly pay+fringe x # of hours)

Fringe benefits **are** included     Fringe benefits are **not** included

I certify that my participation was consistent with the tasks necessary to accomplish the goals of the Court Improvement Program Grant.

DATE \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Phone

# DID YOU KNOW...

**Child Welfare Service division of the State Court Administrative Office  
has a new website!**

The website explains the many ongoing Court Improvement Programs, such as the Foster Care Review Board, Child and Family Service Review, Title IV-E, Data Sharing, and Training.

Under the training section there is a link to webcasts, streaming videos and scheduled trainings.

To access the website, visit:

<http://courts.michigan.gov/scao/services/CWS/CWS.htm>

**Training Evaluation**  
**PERSONAL UNIQUE IDENTIFIER**

**Do not write your names on any part of these feedback forms.**  
Forms containing names will be unusable because of violations of anonymity.

To create your unique identifier, please fill in the following spaces with the requested information:

What are the first two letters of your mother's maiden name?		
What are the last two digits of the year you graduated high school or finished a GED?		
How many siblings do you have?		
What is the day portion of your date of birth? For example: February 1, 1980= 01		

**Please record these eight digits at the top of each evaluation form.**

This identifier will be used with your permission, to match the current training evaluation data you provide with any future evaluation information you voluntarily share with us when you are contacted for follow-up.

**Thank you**

**State Court Administrative Office, Child Welfare  
EVALUATION FORM**

**Title IV-E Training**

**Presented on:**

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**At the close of the training, please complete the following evaluation and return it to any staff member.**

*For the following questions, check the box that best describes your thoughts:*

<b>1. Overall Content of the Training</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	Presented information new to me.	O	O	O	O	O
<input type="checkbox"/>	The examples and activities in the presentation will help me apply the knowledge and/or skills in my job.	O	O	O	O	O
<input type="checkbox"/>	Presentation style and format supported my learning.	O	O	O	O	O
<input type="checkbox"/>	The participant materials (video, handouts, workbooks, etc) enhanced my knowledge and/or skills.	O	O	O	O	O

<b>2. Title IV-E – What is it? (Introduction)</b> <i>Jenifer Pettibone</i>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	Presented information new to me.	O	O	O	O	O
<input type="checkbox"/>	I will use information from this presentation in my practice.	O	O	O	O	O
<input type="checkbox"/>	Presentation style and format supported my learning.	O	O	O	O	O

<b>3. Contrary to the Welfare and Reasonable Efforts Findings</b> <i>Jenifer Pettibone</i>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	Presented information new to me.	O	O	O	O	O
<input type="checkbox"/>	I will use information from this presentation in my practice.	O	O	O	O	O
<input type="checkbox"/>	Presentation style and format supported my learning.	O	O	O	O	O

<b>4. Eligibility Requirements - DHS</b> <i>Jennifer Parks / DeMona Willingham</i>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	Presented information new to me.	O	O	O	O	O
<input type="checkbox"/>	I will use information from this presentation in my practice.	O	O	O	O	O
<input type="checkbox"/>	Presentation style and format supported my learning.	O	O	O	O	O

5. What information was of most value to you?

6. What (if any) information was of least value to you?

7. What information or ideas presented in this training do you think you will readily implement of use in your job?

8. Did you find the lunch opportunity to network with others from your county helpful? Please note the reason for your response.

9. What is your primary role: (check one)

Judge/Referee       Other attorney       CASA or Foster Care Review Board

L-GAL/appointed counsel for parent

Child welfare caseworker (CPS, foster care, or adoption)

Other: please specify: \_\_\_\_\_

10. How many years have you been in your current role? \_\_\_\_\_

11. Your gender: (Response optional)

Female       Male

12. How do you identify yourself? (Response optional)

Native American       Caucasian/White

Asian Pacific Islander       Arab American

Hispanic/Latino/a       Other, please specify: \_\_\_\_\_

African American/Black

13. County/counties of practice: \_\_\_\_\_

***THANK YOU!***