

ATTACHMENT: POTENTIAL PARTICIPANT QUESTIONNAIRE

This questionnaire is to be completed by each potential participant. Please note your participation in the ESFT RFA is voluntary.

<i>Full Name</i>			
<i>Title</i>			
<i>Email</i>			
<i>Education Degree(s) and Year(s)</i>			
<i>Professional Discipline</i>			
<i>PA License(s) Held</i>			
<i>PA Credential(s) Held</i>			
<i>Languages Spoken Besides English</i>			
<i>Agency Name</i>			
<i>Agency Address</i>			
<i>Employment Status</i>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Fee For Service
<i>Clinical Time Breakdown (%)</i>	Individual Treatment	Group Treatment	Family-Focused Treatment
<i>Are you trained in other EBPs?</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<i>If yes, which EBPs?</i>			

Please describe your interest in learning about ESFT.

Please describe your efforts to provide culturally responsive and anti-racist care.