

Biological Parent/Family Survey

Using the rating scale below, circle the answer which best shows how you feel, and return the survey in the enclosed self-addressed envelope. If you have had experience with more than one agency, please identify which agency your responses are addressing:

1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree

- | | | | | | |
|---|---|---|---|---|-----|
| 1. I know how to contact my agency worker. | 1 | 2 | 3 | 4 | |
| 2. I have regular visitation with my children. | 1 | 2 | 3 | 4 | NIA |
| | 1 | 2 | 3 | 4 | |
| 3, I am satisfied with the amount of contact I have with the case manager(s). | | | | | |
| 4. My agency worker responds to my needs. | 1 | 2 | 3 | 4 | |
| | | | | | |
| 5. I contribute to case planning decisions for my family. | 1 | 2 | 3 | 4 | |
| | | | | | |
| 6, I feel like an Important partner in case planning for my family. | 1 | 2 | 3 | 4 | |
| 7. I am aware of services and activities In my community for myself and my family. | 1 | 2 | 3 | 4 | |
| | | | | | |
| 8. The case manager(s) working with my family treats me with respect and values my opinion. | 1 | 2 | 3 | 4 | |
| | | | | | |
| 9. My values, beliefs and traditions are respected by the family support team. | 1 | 2 | 3 | 4 | |
| | | | | | |
| 10. I have someone I can talk with if I need support or help. | 1 | 2 | 3 | 4 | |
| | | | | | |
| 11. I am Informed of court hearings. | 1 | 2 | 3 | 4 | NIA |
| | | | | | |
| 12. I have the opportunity to be heard In court hearings. | 1 | 2 | 3 | 4 | NIA |
| | | | | | |
| 13. Agency Involvement has made a positive difference in my family. | 1 | 2 | 3 | 4 | |

Continued on back

What has been most helpful about your experience with the agency?

What would you like to be different about your experience with the agency?

What other comments, ideas or suggestions do you have? Please include both positive information and concerns about staff, the agency, etc.

Have you had a case worker change in the last twelve months? Yes No
If yes, what Impact did this have on you and/or your family?

Name (optional) _____

I would be interested In being part of a parent advisory board. Yes No
If yes, please provide:

Name: _____

Phone or Email contact information _____