

FAMILY MEETING FEEDBACK SURVEY

Check the box under the answer that best fits how you feel about today's meeting.

Feel free to write any comments at the bottom or on the back of this page. **THANK YOU!**



Please answer about today's meeting:

	YES, TOTALLY TRUE	YEAH, PRETTY MUCH	NO, NOT REALLY	NO, NOT AT ALL
1. I knew what we were going to talk about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I knew who would be there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was treated respectfully.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. It was hard to get a chance to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. All of the people needed to move things forward were there (in person or on the phone).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. We talked more about solving problems than blaming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The family was given a chance to give updates before caseworkers and providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The meeting covered what I thought was most important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I felt comfortable asking questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Everyone worked together to support the family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. People understood my point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The meeting was a waste of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I felt comfortable asking for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. People completed their action items from the last meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel like we made progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Click to clear selections

What was the best thing about this meeting? _____

What was the worst thing about this meeting? How could it have been better?

How would you describe your role at today's meeting?

- | | |
|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Parent or guardian | <input type="checkbox"/> Friend/support person |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Relative foster parent |
| <input type="checkbox"/> Family member | <input type="checkbox"/> Non-relative foster parent |

— Use reverse side to add additional feedback —