

## Foster Care Assessment Program DCFS Referring Social Worker Survey

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CAMIS ID:	«PersonID»
FCAP ID:	«FCAP_ID»
Child's Name:	«LastName»
Referring Social Worker:	«SocialWorker_Name»
Social Worker email:	«Email»

The Foster Care Assessment Program would like your feedback about the **Assessment** services provided by our program on this case. You will also have the opportunity to complete another brief questionnaire after follow up services have been provided and the case terminated. Please complete our brief questionnaire and return it by mail or fax to:

Rima Ellard  
Foster Care Assessment Program  
325 9<sup>th</sup> Avenue, MS 359947  
Seattle, WA 98104  
206-744-1685 Phone  
206-744-1615 Fax

Thank you very much for your time, and for helping us improve our program.

Rima Ellard, Coordinator  
Foster Care Assessment Program

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For the following questions, please enter the number corresponding to your level of agreement between the brackets. The response choices are:

1. Strongly agree
2. Somewhat agree
3. Neither
4. Somewhat disagree
5. Strongly disagree
6. Does not apply

Feel free to provide any additional comments.

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1. I found the FCAP Service and Permanency Assessment Report (SPAR) useful in this case.

Respond here: [   ]

2. FCAP services provided additional assessment/evaluation information that will help/helped me meet the child's health, educational or mental health needs.

Respond here: [   ]

3. FCAP services provided additional assessment/evaluation information that will assist/assisted me in:

a. Identifying or making a decision about a permanent family

Respond here: [   ]

b. identifying and establishing a permanent plan

Respond here: [   ]

4. Overall, I am satisfied with the services I received from the FCAP Program Evaluator.

Respond here: [   ]

5. The amount of time I devoted to this case because of FCAP involvement was worth the result.

Respond here: [   ]

6. Do you have any suggestions about how the program can be improved (e.g. assessment, consultation team review, service planning)?

FCAP ID: \_\_\_\_\_