

Foster Care Assessment Program DCFS Social Worker Survey

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 services provided by our program on this case. Please complete our brief questionnaire and return it by mail or fax to:

Rima Ellard
Foster Care Assessment Program
325 9th 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

The following items have to do with comparing the case issues at the time of the **referral** and at the end of the 6 months of **follow up services**.
(go to the next page)

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

1. Better At Follow-Up
2. Unchanged At follow-up
3. Worse At Follow-Up

1. The match between her/his placement and her/his needs

Respond here: []

2. The match between her/his treatment/ services and her/his needs

Respond here: []

3. The stability of her/his placement

Respond here: []

4. Her/his caregiver's understanding of her/his needs

Respond here: []

5. Her/his caregiver's skills in managing the child's behaviors

Respond here: []

6. Her/his caregiver's relationship with DCFS

Respond here: []

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

FCAP ID: _____