

FAMILY TEAM MEETING SATISFACTION SURVEY

INTRODUCTION AND PURPOSE

Calaveras County CPS believes that families can grow and change with support of the community and the Agency. One way in which we support families is through the use of Child and Family Team Meetings. It is hoped that families and support people will:

1. Feel the child's needs are being met and monitored,
2. Feel satisfied with the team meeting by being heard and having concerns addressed,
3. Feel that the plan is consistent with their values, capacities, and capabilities, and
4. Feel they will receive the necessary support to carry out the work plan developed during the meeting.

Thank you for taking the time to complete our survey. Your comments will be kept confidential, and the information will be used to help us better serve children and families.

To be completed by the Family Member

1. What is your role in the Child and Family Team?

- Mother Sibling Friend Resource Parent
 Father Child Mentor Other: _____

2. Child(ren) Age(s): _____

3. Child Gender: Male Female

Male Female

Male Female

4. Were you able to discuss what you thought was important in the meeting?

- Yes No

5. If No, what could have been done differently?

Question	Not at all	A little	Mostly	Yes
6. Were the child(ren)'s safety concerns discussed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. Were the needs of the child(ren) discussed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. Did you feel like your family's values were respected?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. Do you think the appropriate people and support people were involved in making decisions?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. Do you think the plan will keep the child(ren) safe and meet all of their needs?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(Please turn over and complete the survey)

11. Does the plan that was made during the meeting address your concerns?

Yes No

12. If No, what is needed that was not offered?

Question	Not at all	A little	Mostly	Yes
13. Do you understand what is expected of you in the action plan to meet the needs of the child (ren)'s and that the plan has legal timelines that affect the child (ren)'s safe permanent living situation?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. Do you feel the plan that was developed is realistic?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. Would you recommend this type of meeting to others?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. Do you know and understand what will be happening next (next steps) in this process along with the Action Plan?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Additional

comments: _____

Thank you for your time in completing this survey.

To be completed by the Meeting Administrator

1. Agency Sponsoring Meeting: **CALAVERAS HEALTH AND HUMAN SERVICES AGENCY**
2. Family Name: _____
3. Case Number: _____
4. Meeting Facilitator: _____
5. Date/Time of Meeting: _____