

Partnership for Children in Out-of-Home Care
FOSTER PARENT'S REVIEW OF INVESTIGATOR
(or whoever placed the child)

The purpose of this review is to obtain feedback on how your Investigator/transportation worker has fulfilled the Partnership Plan and should be completed within 2 weeks of the placement or when the case is reassigned.

Name - Foster Parent(s)/Agency

Date

Name –Investigator/Agency

Child(ren)'s Name

DOB

The above named child(ren) was recently placed in your home, and your input is needed to assess the investigator/transportation worker for his/her consistency with the Partnership Plan. Please fill this out with reference to the person who brought the child to your home or who otherwise transferred custody of the child to you. Your responses are important for the ongoing assessment and development of staff and successful implementation of the Partnership Plan.

Please rate the following: 1 – No; 2 – Yes; N/A - Not Applicable; Don't know

Provide comment(s) to the extent possible as this will be helpful.

The Investigator/Transportation worker:

1. Came to my home or met me at another location when he/she was expected or called to inform me of the change in time.

Comments: _____

- 1 – No
- 2 – Yes
- N/A – Not Applicable
- Don't know

2. Provided me with documents necessary to enroll the child in school or child care.

Comments: _____

- 1 – No
- 2 – Yes
- N/A – Not Applicable
- Don't know

3. Provided me with documents necessary to obtain medical care for the child.

Comments: _____

- 1 – No
- 2 – Yes
- N/A – Not Applicable
- Don't Know

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4. At the time of placement, shared all other relevant information about the child including the reason the child was removed and any health concerns or medications.

- 1 – No
- 2 – Yes
- N/A – Not Applicable**
- Don't know**

Comments: _____

5. Provided me with his/her contact information and contact information for his/her supervisor and other staff to be contacted in emergencies.

- 1 – No
- 2 – Yes
- N/A – Not Applicable**
- Don't know**

Comments: _____

6. Provided me with the Child Resource Record, including all available social, educational, and medical information on each child within 72 hours of each child's placement.

- 1 – No
- 2 – Yes
- N/A – Not Applicable**
- Don't know**

Comments: _____

7. Answered my questions to the best of his/her ability.

- 1 – No
- 2 – Yes
- N/A – Not Applicable**
- Don't know**

Comments: _____

8. Informed me of the time of the shelter hearing.

- 1 – No
- 2 – Yes
- N/A – Not Applicable**
- Don't know**

Comments: _____

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9. Provided me with personal items belonging to the child (please list or describe).

- 1 – No
- 2 – Yes
- N/A – Not Applicable
- Don't know

Comments: _____

10. Treated me in a respectful manner as a valued partner in caring for the child.

- 1 – No
- 2 – Yes
- N/A – Not Applicable
- Don't know

Comments: _____

If you would like to have further conversation regarding your experience, please contact _____ at _____.

Thank you for your participation and feedback.

Foster Parent Name, Licensing Agency Date

Foster Parent Name, Licensing Agency Date