

Thank you for taking the time to complete this QPI survey. Your feedback is important to us and will let us know how QPI is working in your county. This survey should only take about 5 minutes of your time. Your answers will be completely anonymous.

1. Do you take your child to health and mental health appointments?

Always transport and participate	Always transport but don't participate	Some times transport and participate	Some times transport but doesn't participate	Rarely transport or participate
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Do you participate in your child's education by going to school conferences, meetings, IEPs and functions and helping with homework?

Always	Most of the time	Half the time	Once in a while	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Do you interact with the birth parents? (Select all that apply.)

In person	By phone	In writing	Rarely communicate	Never communicate
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Do you interact with other members of the birth family? (Select all that apply.)

Siblings	Extended family	Certain siblings and extended family	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe interactions and relationships and if you don't interact, why?

5. Do you participate in case planning by attending or sending information to case meetings and court hearings?

Always	Most of the time	Half the time	Once in a while	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you don't participate, why?

6. Do you attend and participate in foster parent training?

Monthly	Quarterly	Some	Just required hours	Prefer to find my own training resources	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why or why not?

7. Would you suggest to a friend to become a foster parent?

Yes

No

Why or why not?

***8. Please fill in your name, what you do, and your county. If someone is helping you with this survey, please list their name and position, too.**

Name:

Position:

County:

Person Helping with Survey:

Person's Position:

Licensed by FFA or County:

If FFA, name of FFA:

How long have you been a foster parent?

How many children currently in your care?

Do you specialize (infants, medically fragile, etc.)?

9. Please fill in the date.

MM DD YYYY

Date of survey: / /

10. Any comments? Thank you for completing this survey!