

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 help the foster parent participate in the child's health and mental health care?**

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"/>

**2. Do you help the foster parent participate in the child's education?**

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 help the foster parent interact with their child's birth parents?**

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"/>

**4. Do you help the foster parent work with other members of their child's birth family?**

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"/>

**5. Do you help the foster parent participate in case planning?**

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"/>

**6. Do you help the foster parent participate in professional development?**

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 so, how?

**7. Please fill in your name, positions, and your county.**

Name:

Position

County

**8. Please fill in the date.**

Date of the survey.    MM    DD    YYYY

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**9. Any comments? Thank you for completing this survey!**