

FAMILY TEAM MEETING SATISFACTION SURVEY— FOR USE WITH PROFESSIONALS

The target audience for completing this survey ranges from social workers to other service providers (mental health, health, substance abuse, education, corrections, etc.) who are likely to participate in Family Team Meeting.

To be Completed by the Meeting Administrator

1. Agency sponsoring meeting: _____
2. Case number: _____
3. Child ID Number: _____
4. Meeting facilitator: _____
5. Date: _____
6. Sponsoring Agency contact: _____

7. What is your role in the process of Family Finding and Engagement?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Parent/Community Partner | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> CSE |
| <input type="checkbox"/> Parent's Attorney | <input type="checkbox"/> CASA | <input type="checkbox"/> GAL |
| <input type="checkbox"/> Other Court Personnel | <input type="checkbox"/> FFC | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Other Law Enforcement | <input type="checkbox"/> Service Provider (<i>e.g., mental health, substance abuse</i>) | <input type="checkbox"/> Other _____ |

8. What is your current position? _____

9. How long have you served in your current position?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 0–6 months | <input type="checkbox"/> 7 months–2 years |
| <input type="checkbox"/> 2.5–5 years | <input type="checkbox"/> 5.5–10 years |
| <input type="checkbox"/> 11+ years | |

10. How long have you worked in this area (Family Finding & Engagement)?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 0–6 months | <input type="checkbox"/> 7 months–2 years |
| <input type="checkbox"/> 2.5–5 years | <input type="checkbox"/> 5.5–10 years |
| <input type="checkbox"/> 11+ years | |

11. How long have you been involved with this child's/youth's case?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 0–6 months | <input type="checkbox"/> 7 months–2 years |
| <input type="checkbox"/> 2.5–5 years | <input type="checkbox"/> 5.5–10 years |
| <input type="checkbox"/> 11+ years | |

12. What was the goal of the meeting? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Service Plan | <input type="checkbox"/> Modification to Service Plan |
| <input type="checkbox"/> Input for Service Plan | <input type="checkbox"/> Placement Decision |
| <input type="checkbox"/> Relationship Building | <input type="checkbox"/> Permanency Plan |

Modification to Permanency Plan Other goal(s): _____

13. Did the meeting meet its goal(s)?
 Not at all A little Somewhat Not at all

14. Were the goal(s) of the meeting clear?
 Not at all A little Somewhat Not at all

15. If *Not at all* and/or *Somewhat* were selected, what things could have made the process clearer?

16. How many family members attended this meeting?
 0 1–3 4–6 7–10 11+

17. Was the child/youth at the meeting?
 Yes No

Question	Not at all	A Little	Some-what	Yes
18. Were the needs of the child(ren) discussed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Were the child(ren)'s safety concerns discussed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. Was the family given the opportunity to express their views?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. Did you hear any new information that you had not previously heard at the meeting—related to FFE?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. Did you feel like the family's values were respected and considered when decisions were being made?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. Did you feel like the family's ways of doing things (behavior patterns) were respected and considered when decisions were being made?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. Who do you think were the main people involved in making decisions regarding the plan?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

25. Do you think the appropriate people were involved in making decisions?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. Do you think the plan will keep the child(ren) safe and give them good care?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. Do you understand what is expected of you in the action plan?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28. Do you feel the plan developed is realistic?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. Did this meeting help you understand that there are legal time lines that affect planning for the child(ren)'s safe, permanent living situation?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
30. Did this meeting help you in planning to meet the needs of the child(ren) in this case?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
31. 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

32. Were resources offered that fit the needs of the family (*help with money, help from other agencies, bed, or other materials goods, etc.*)?

Yes No

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

34. Were provisions made for monitoring compliance with the plan?

Yes No

35. What could be changed to make for a better meeting?

36. Additional comments:

Thank you for your time in completing this survey.