## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| 1. What is your role in the process of Family Finding and Engagement?
 |

|  |  |  |
| --- | --- | --- |
| [ ]  Parent/Community Partner | [ ]  Child Welfare | [ ]  CSE |
| [ ]  Parent’s Attorney | [ ]  CASA | [ ]  GAL |
| [ ]  Other Court Personnel | [ ]  FFC | [ ]  Probation |
| [ ] Other Law Enforcement | [ ]  Service Provider *(e.g., mental health, substance abuse)* | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What is your current position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. How long have you served in your current position?
 |
| [ ]  0–6 months | [ ]  7 months–2 years |
| [ ]  2.5–5 years | [ ]  5.5–10 years |
| [ ]  11+ years |
| 1. How long have you worked in this area (Family Finding & Engagement)?
 |
| [ ]  0–6 months | [ ]  7 months–2 years |
| [ ]  2.5–5 years | [ ]  5.5–10 years |
| [ ]  11+ years |  |
| 1. How long have you been involved with this child’s/youth’s case?
 |
| [ ]  0–6 months | [ ]  7 months–2 years |
| [ ]  2.5–5 years | [ ]  5.5–10 years |
| [ ]  11+ years |  |
| 1. What was the goal of the meeting? Select all that apply.
 |
| [ ]  Service Plan | [ ]  Modification to Service Plan |
| [ ]  Input for Service Plan | [ ]  Placement Decision |
| [ ]  Relationship Building | [ ]  Permanency Plan |
| [ ]  Modification to Permanency Plan  | [ ]  Other goal(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Did the meeting meet its goal(s)?
 |
| [ ]  Not at all | [ ]  A little | [ ]  Somewhat | [ ]  Not at all |
| 1. Were the goal(s) of the meeting clear?
 |
| [ ]  Not at all | [ ]  A little | [ ]  Somewhat | [ ]  Not at all |
| 1. If *Not at all* and/or *Somewhat* were selected, what things could have made the process clearer?
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| --- |
| 1. How many family members attended this meeting?
 |
| [ ]  0 | [ ]  1–3  | [ ]  4–6 | [ ]  7–10 | [ ]  11+ |
| 1. Was the child/youth at the meeting?
 |
| [ ]  Yes | [ ]  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Not at all** | **A Little** | **Some-what** | **Yes** |
| 1. Were the needs of the child(ren) discussed?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Were the child(ren)’s safety concerns discussed?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Was the family given the opportunity to express their views?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Did you hear any new information that you had not previously heard at the meeting—related to FFE?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Did you feel like the family’s values were respected and considered when decisions were being made?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Did you feel like the family’s ways of doing things (behavior patterns) were respected and considered when decisions were being made?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Who do you think were the main people involved in making decisions regarding the plan?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Do you think the appropriate people were involved in making decisions?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Do you think the plan will keep the child(ren) safe and give them good care?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Do you understand what is expected of you in the action plan?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Do you feel the plan developed is realistic?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Did this meeting help you understand that there are legal time lines that affect planning for the child(ren)’s safe, permanent living situation?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Did this meeting help you in planning to meet the needs of the child(ren) in this case?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. Would you recommend this type of meeting to others?
 | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |
| 1. 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 |

1. If *No*, what is needed that was not offered?
2. Were provisions made for monitoring compliance with the plan?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

1. What could be changed to make for a better meeting?
2. Additional comments:

*Thank you for your time in completing this survey.*