FAMILY TEAM MEETING SATISFACTION SURVEY

INTRODUCTION AND PURPOSE

Calaveras County CPS believes that families can grow and change with support of the community and the Agency. One way in which we support families is through the use of Child and Family Team Meetings. It is hoped that families and support people will:

1. Feel the child’s needs are being met and monitored,
2. Feel satisfied with the team meeting by being heard and having concerns addressed,
3. Feel that the plan is consistent with their values, capacities, and capabilities, and
4. Feel they will receive the necessary support to carry out the work plan developed during the meeting.

Thank you for taking the time to complete our survey. Your comments will be kept confidential, and the information will be used to help us better serve children and families.

To be completed by the Family Member

1. What is your role in the Child and Family Team?
   - [ ] Mother
   - [ ] Sibling
   - [ ] Friend
   - [ ] Resource Parent
   - [ ] Father
   - [ ] Child
   - [ ] Mentor
   - [ ] Other: ____________

2. Child(ren) Age(s): _______________
3. Child Gender:
   - [ ] Male
   - [ ] Female
   - [ ] Male
   - [ ] Female
   - [ ] Male
   - [ ] Female

4. Were you able to discuss what you thought was important in the meeting?
   - [ ] Yes
   - [ ] No

5. If No, what could have been done differently?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

Question | Not at all | A little | Mostly | Yes
--- | --- | --- | --- | ---
6. Were the child(ren)’s safety concerns discussed? | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3
7. Were the needs of the child(ren) discussed? | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3
8. Did you feel like your family’s values were respected? | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3
9. Do you think the appropriate people and support people were involved in making decisions? | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3
10. Do you think the plan will keep the child(ren) safe and meet all of their needs? | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3

(Please turn over and complete the survey)
11. Does the plan that was made during the meeting address your concerns?

☐ Yes  ☐ No

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

___________________________________________________________________________
___________________________________________________________________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>A little</th>
<th>Mostly</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td>13. Do you understand what is expected of you in the action plan to meet \</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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<td>the needs of the child (ren)'s and that the plan has legal timelines \</td>
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<td>that affect the child (ren)'s safe permanent living situation?</td>
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<td>14. Do you feel the plan that was developed is realistic?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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<td>15. Would you recommend this type of meeting to others?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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<tr>
<td>16. Do you know and understand what will be happening next</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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<td>(next steps) in this process along with the Action Plan?</td>
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Additional comments:___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Thank you for your time in completing this survey.

To be completed by the Meeting Administrator

1. Agency Sponsoring Meeting: **CALAVERAS HEALTH AND HUMAN SERVICES AGENCY**
2. Family Name: ___________________________________________________________
3. Case Number: ___________________________________________________________
4. Meeting Facilitator:_____________________________________________________
5. Date/Time of Meeting: _________________________________________________