

**SAMPLE TREATMENT PARENT FEEDBACK
REGARDING SOCIAL WORKER & AGENCY
FOR REGIONAL DIRECTOR**

This information is to be used by the Regional Director as part of the overall evaluation of your social worker.

Please mail your completed evaluation in the enclosed envelope by _____. You are strongly encouraged to consult with your social worker in those areas in which you feel constructive feedback and/or change is warranted.

Social Worker's Name: _____

Date: _____

PLEASE CIRCLE THE MOST APPROPRIATE RESPONSES

GENERAL PERFORMANCE

PERFORMANCE AREA	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Schedules & keeps appointments of mutual convenience	1	2	3	4	5
Is available/helpful for consultation & crisis situations	1	2	3	4	5
Keeps you informed of court dates, client-family problems, appointments, etc.	1	2	3	4	5
Handles confidential information appropriately	1	2	3	4	5
Is able to make constructive criticism & suggestions	1	2	3	4	5
Is able to accept constructive criticism & suggestions	1	2	3	4	5
Is in contact with the foster child as needed	1	2	3	4	5
Is in contact with you at least twice monthly	1	2	3	4	5
Can apply problem-solving strategy to child's behavioral problems	1	2	3	4	5
Maintains a professional relationship with you, which can allow for disagreement without personal conflict	1	2	3	4	5
Involves you as a contributor in the decision making process	1	2	3	4	5
Respects you as a foster parent	1	2	3	4	5
Is culturally competent in the manner in which they deal with you and placements in your home	1	2	3	4	5
Is supportive with the financial issues that arise with fostering <i>e.g. stipends, reimbursement, loans</i>	1	2	3	4	5

How would you describe your relationship and communication with your social worker?

What do you believe are the strengths of your social worker?

What areas do you feel your social worker could improve upon? Please specify:

How would you describe your family's relationship with your social worker? (Please include biological children or adopted children):

PLACEMENT PROCESS

PLACEMENT AREA	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Provides all written & verbal information regarding a referral	1	2	3	4	5
Contracts & quarterly reviews reflect previous verbal agreements	1	2	3	4	5
Covers rules & expectations on contracts & reviews	1	2	3	4	5
Informs you of approximate expected length of stay	1	2	3	4	5
Informs you of future placement plans for current placements	1	2	3	4	5
Works with you to set up educational/vocational plans for the child	1	2	3	4	5
Makes suggestions for appropriate use of outside resources <i>e.g. consultation, educational, medical, diagnostic.</i>	1	2	3	4	5
Offers suggestions for dealing with the natural parents of a child	1	2	3	4	5
If unsuccessful placement occurs, utilizes adequate processing of the experience.	1	2	3	4	5
Asks you about your suggestions for future placement plans	1	2	3	4	5
Provides written treatment plans to you within 30 days of placement & subsequent ones within 30 days after review.	1	2	3	4	5

In what ways does your social worker help you understand agency policies, licensing rules and the social service system?

How does your social worker make him/herself an effective contributor to the "team" concept?

How does your social worker provide leadership in staffing and general case management?

AGENCY ACTIVITIES

ACTIVITY	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The degree of contact, energy and rapport between caseworker and foster parent is a factor correlated with placement success.	1	2	3	4	5
The agency clearly communicates that I have a critical role in creating permanent connections to loving and stable families for children I foster.	1	2	3	4	5
My calls made to the on-call service were responded to promptly by an Agency Social Worker?	1	2	3	4	5
The response I received when calling the on-call service meets my needs?	1	2	3	4	5
The questions I ask when calling the on-call service are answered.	1	2	3	4	5

Please use the back side to make additional comments regarding any of the above items, or other areas which you would like to address: Thank you for your input.

We would encourage you to sign below, in order that we might monitor the responses we receive, unless you are uncomfortable doing so.

Foster Parent Signature

Date

Foster Parent Signature

Date