

SAMPLE TFC Youth Satisfaction Survey

Foster Home: _____

Social Worker: _____

Your Name (*optional*): _____ Discharge Date _____ :

Please help us improve our services by answering some questions about the services you received.
We are interested in your honest opinions, whether positive or negative. Thank you!

1. People at Agency asked for my ideas and opinions about what services I received.

1	2	3	4	5
Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree

2. I am satisfied with the progress I made in my treatment goals at Agency.

1	2	3	4	5
Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree

3. Agency social workers and foster parents communicated clear expectations to me.

1	2	3	4	5
Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree

4. Overall, the quality of services you received from Agency were good.

1	2	3	4	5
Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree

5. **Comments?** (*Please use the back of this page if necessary*)

Thank you for helping us improve the quality of our services. We appreciate your time!