







Foster Child Survey

Please help us to improve our services to you by completing this survey. You may answer honestly as your answers will not be seen by your social worker or your foster parent(s), and you should not put your name on this paper.

Daily Life...	 Very Happy or Mostly Happy	 In between	 Not Very or Not at All Happy
<i>How happy are you with:</i>			
The neighborhood you live in?	3	2	1
The school you go to?	3	2	1
Your medical care? (When you are sick, regular check-ups)	3	2	1
Your dental care? (Regular visits to the dentist or orthodontist)	3	2	1
The amount of help you get with your homework?	3	2	1
The amount of activities you are involved in? (sports, music, hobbies)	3	2	1
The way problems are worked out between you and other children in the home?	3	2	1

Your Foster Family...	 A Lot or Pretty Much	 Some	 Not too Much or Not at All
<i>How much does your foster family...</i>			
Help you to work on your treatment plan goals?	3	2	1
Notice when you do something helpful or right?	3	2	1
Include you in treatment plan decisions?	3	2	1
Listen to your opinions and feelings?	3	2	1
Help you to feel good about yourself?	3	2	1

When you get in trouble or do something wrong, how are you disciplined?

Do you feel that you are treated like other kids in this family?

_____ YES _____ No - If no, why not?

Does your foster parent talk with your teacher(s) at school? _____ Yes _____ No

How many agency families have you lived with during the past year? _____

Your Agency Social Worker...

When you were first placed in foster care with your agency, did your social worker explain to you your rights as a foster child? Yes No Don't Remember

About how often does your agency social worker visit you?
 Once a week Once every two weeks Once a month

How helpful is your agency social worker?
 Almost always helpful Sometimes helpful Not very helpful

Do you tell your social worker if you are having problems?
 YES No - If no, why not?

How well does the agency help you to keep in touch with other family members (parents, brothers, sisters) and other adults you care about?

Very well OK Not very well

Do you feel safe in your home, school and neighborhood?
 YES No - If no, why not?

Overall, how would you rate your foster care experience during the past year?	Good or Excellent	OK or Fine	Not so Good or Poor
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Is there anything else you would like to tell us?

Please tell us about you...

How old are you? (please write in) _____

What is your ethnicity? (please circle all that apply)
African American **Caucasian**
Asian/Pacific Islander **Native American**
Hispanic/Latino

What is your gender? (please circle one)
Male **Female**

Thank you for your time!
Please put this completed survey in the envelope provided and give it to your agency social worker.