Resource Parent Survey

Using the rating scale below, circle the answer which best shows how you feel, and return the survey in the enclosed self-addressed envelope. If you have had experience with more than one agency, please identify which agency your responses are addressing:

1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree

Please respond to the following questions regarding your licensing worker:

| 1.1 understand my rights as a resource parent. | | 2 | 3 | 4 |
|--|---|---|---|---|
| 2.1 understand my responsibilities as a resource parent. | 1 | 2 | 3 | 4 |
| I have been provided training which has been helpful In my roleas a resource parent. | 1 | 2 | 3 | 4 |
| 4.1 have been provided training to meet the needs of the child(ren)I have In my home. | 1 | 2 | 3 | 4 |
| 5. Training Is convenient to meet my needs. | 1 | 2 | 3 | 4 |
| 6. My licensing worker is responsive to my needs. | 1 | 2 | 3 | 4 |

Please respond to the following questions regarding the case manager(s) for children in your home:

| 7. I know who to contact regarding the child(ren) in my home. | | 2 | 3 | 4 |
|--|---|---|---|------|
| 8. The case manager(s) provided adequate Information on the children placed In my home (I.e. physical/mental health, behaviors, needs, etc.). | | 2 | 3 | 4 |
| 9. The case manager(s) working with the children In my home treats me with respect and values my opinions. | | 2 | 3 | 4 |
| 10. The case manager{s) working with the children treats my foster child(ren) | 1 | 2 | 3 | 4 |
| 11. The case manager(s) working with the children In my home responds to my needs. | 1 | 2 | 3 | 4 |
| 12. I feel like an Important partner in case planning for my foster child (ren). | 1 | 2 | 3 | 4 |
| 13. I see my foster child(ren)'s worker(s) once per month at least. | | 2 | 3 | 4 |
| 14. I am Informed of court hearings. | | 2 | 3 | 4 |
| 15. I have the opportunity to be heard In court hearings. | 1 | 2 | 3 | 4 |
| 16. Overall, I feel supported by agency staff In doing my job. | 1 | 2 | 3 | 4 |
| 17. I would recommend fostering to other people In my community. | 1 | 2 | 3 | 4 |
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| I have been a resource parent for: | у | /ears | months |
|------------------------------------|---|-------|--------|
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What has been good about your experience as a resource parent?

What would you like to be different about your experience as a resource parent?

What other comments, ideas or suggestions do you have? Please include both positive information and concerns about staff, reason for moves, etc.

| Name (optional) | | |
|--|-----|----|
| I would be Interested In being part of a resource parent advisory board. | Yes | No |
| If yes, please provide: | | |
| Name: | | |
| Phone or Email contact Information | | |