Attachment E

Drug Endangered Children Protocol Feedback Form: Law Enforcement

DO NOT include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

1. Date protocol was initiated: ______________________________

2. Age and gender of child(ren) involved:

_______________________________________________________________

3. To what degree was this protocol helpful to you in dealing with the child(ren)?
   Very Helpful 1………..2……….3……….4……….5 Not Helpful at all
   Comments:

4. How well were you able to complete the exposure information on the form to reflect the situation at the scene?
   Very Completely 1………..2……….3……….4……….5 Very Incompletely
   Comments:

5. How quickly did the health care provider receive the exposure information?
   Immediately 1………..2……….3……….4……….5 Not At All
   Comments:

6. How could this protocol have been improved?

Name: _________________________        Role: _________________________
Date: ____________________

Please return to: ____________________________________________

DSS-5260
Family Support and Child Welfare