

# Attachment H

## Drug Endangered Children Protocol Feedback Form: Foster Care Provider

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

Date protocol was initiated: \_\_\_\_\_

County where protocol was initiated: \_\_\_\_\_

Age and gender of child(ren) involved:  
\_\_\_\_\_

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

2. Did you receive specific information about the child(ren)?  
Yes \_\_\_ No \_\_\_ If yes, how helpful did you find it?  
Very Helpful 1.....2.....3.....4.....5 Not Helpful At All  
Comments:

3. Did you review the general information on the foster care guidelines?  
Yes \_\_\_ No \_\_\_ If yes, how helpful did you find it?  
Very Helpful 1.....2.....3.....4.....5 Not Helpful At All  
Comments:

4. How can this protocol be improved?

Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please return to:** \_\_\_\_\_