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: ____________________________________________