

DEMONSTRATION PROJECT

Family Conference Survey

- First Conference
 Follow-up

Family Conference Date

| | | | | | | | | | |
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| | | / | | | / | | | | |
| M | M | | D | D | | Y | Y | Y | Y |

Form ID

| | | | | | | | | | |
|-------------|--|------|--|--|-----------------|--|--|--|--|
| | | | | | | | | | |
| County Code | | Year | | | Conference ID # | | | | |

Child's MCI #

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|--|--|--|--|--|--|--|--|--|--|

Family Identification Number

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We would like to know what you observed about the family group conference and how you feel about the conference. Please put an "X" in the box that best represents your response for each question. If you don't know, choose "Don't Know". If it doesn't apply, choose N/A (not applicable).

| | Strongly Disagree | Disagree | Agree | Strongly Agree | Don't Know | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Each paid professional was clear about their role in the conference. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The facilitator was fair. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The facilitator discussed the purpose for the conference. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. More family than paid professionals participated in the conference. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Different sides of the family participated in the conference (ex: Father & Mother sides of the family). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Some of the people at the conference were relatives and/or people who feel "like family" (ex: old friends, good neighbors). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The family was prepared for the conference (ex: received enough information on what happens at a conference). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The paid professionals were prepared for the conference (ex: received enough information on what happens at a conference). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The conference was a safe place to discuss feelings and opinions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Paid professionals shared their knowledge but they did not tell the family how to solve the concerns. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The family had private time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The plan included ways that the family will help out. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The plan included what to do if the plan is not working. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The plan included how to get the group back together if needed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any other thoughts or comments about the conference? Please share them with us by writing them here.

Please do NOT write below this line



DEMONSTRATION PROJECT

Family Conference Survey

What is your relationship to the child/children in the family? You can put yourself down as whatever feels most comfortable to you but we ask that you only CHECK ONE.

- | | |
|---|---|
| <input type="checkbox"/> I am a Child/Youth/Individual & focus of the meeting <input type="checkbox"/> Mother of the family <input type="checkbox"/> Father of the family <input type="checkbox"/> Stepfather of the family <input type="checkbox"/> Stepmother of the family <input type="checkbox"/> Sibling <input type="checkbox"/> Mother's family: aunt/uncle or cousins <input type="checkbox"/> Mother's family: grandparent of children <input type="checkbox"/> Mother's significant other <input type="checkbox"/> Father's family: aunt/uncle or cousins <input type="checkbox"/> Father's family: grandparent of children <input type="checkbox"/> Father's significant other <input type="checkbox"/> Family friends, neighbors <input type="checkbox"/> Godmother / Godfather <input type="checkbox"/> Other | <input type="checkbox"/> CYS Supervisor <input type="checkbox"/> Foster family of the children <input type="checkbox"/> Clergy (pastor, rabbi, priest, minister) <input type="checkbox"/> CYS worker <input type="checkbox"/> Legal (GAL, judge, lawyer advocate) <input type="checkbox"/> Juvenile probation or adult probation <input type="checkbox"/> Provider of therapeutic services (residential, wraparound, foster care, etc) <input type="checkbox"/> Mental health or drug & alcohol professional <input type="checkbox"/> School professional (teacher, guidance counselor, school librarian) <input type="checkbox"/> Community support resource (housing, food bank, TANF, energy assistance) <input type="checkbox"/> Domestic violence professional / specialist <input type="checkbox"/> Housing shelter professional <input type="checkbox"/> Early Intervention / Early Head Start / Head Start professional <input type="checkbox"/> Legal Guardian of child / youth who is focus of the meeting |
|---|---|

if you chose "Other", please write in your relationship

We would like to be able to learn about who attends the family conference and that is why we ask you to describe yourself. However, you can choose to skip these questions.

| | | | |
|-------------------|--------------------------------|--------------------------------|----------------------------------|
| Age Range: | <input type="checkbox"/> 6-12 | <input type="checkbox"/> 22-30 | <input type="checkbox"/> 51-60 |
| Please | <input type="checkbox"/> 13-17 | <input type="checkbox"/> 31-40 | <input type="checkbox"/> 61-70 |
| choose one | <input type="checkbox"/> 18-21 | <input type="checkbox"/> 41-50 | <input type="checkbox"/> Over 70 |

Gender

Male

Female

Transgender

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

Yes

No

Race

Black/African American

White/Caucasian

Asian/Pacific Islander

Native American/Alaskan/Hawaiian

Multiracial

Other

Please do NOT write below this line

