

Family Group Conference Survey

Family Group Conference Date

County Code

Year

Conference ID

		/			/	2	0		
M	M		D	D		Y	Y	Y	Y

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2	0		
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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 to each item. If you don't know, choose "Don't Know." If an item doesn't apply to the conference, choose N/A (not applicable).

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
1. Each paid professional was clear about their role (e.g., child protection, counseling).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The FGDM facilitator was respectful of the family group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The FGDM facilitator/coordinator did <u>not</u> have other jobs to do with the family besides organizing and/or facilitating the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The family group understood the reasons for holding the conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The conference was held in a place that felt right to the family group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The conference was held in a way that felt right to the family group (e.g., the right food, right time of day).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. More family group 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"/>
8. Different sides of the family participated in the conference (e.g., Father & Mother sides of the family).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People at the conference were relatives and/or people who feel "like family" (e.g., old friends, good neighbors).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The family group was prepared for the conference (e.g., got 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"/>
11. The paid professionals were prepared for the conference (e.g., got 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"/>
12. The conference had enough supports and protections (e.g., support persons).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Paid professionals shared their knowledge but they did not tell the family group how to solve the concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The family group had private time to make their plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The plan included ways that the family group will help out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The plan included steps to evaluate if the plan is working and to get the family group back together again if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The plan was approved quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The children will be safer as a result of this plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I would recommend family group to other families.	<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 turn over & do NOT write below this line



Family Group 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 fill in **ONE** relationship.

- | | |
|--|---|
| <input type="checkbox"/> Child/youth (focus of meeting) | <input type="checkbox"/> CYS supervisor |
| <input type="checkbox"/> Mother of the child | <input type="checkbox"/> CYS caseworker |
| <input type="checkbox"/> Father of the child | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> Stepfather of the child | <input type="checkbox"/> Legal professional |
| <input type="checkbox"/> Stepmother of the child | <input type="checkbox"/> Medical/healthcare professional |
| <input type="checkbox"/> Sibling of the child | <input type="checkbox"/> Juvenile probation or adult probation/parole |
| <input type="checkbox"/> Mother's family: aunt/uncle or cousins | <input type="checkbox"/> Provider of therapeutic services |
| <input type="checkbox"/> Mother's family: grandparent of the child | <input type="checkbox"/> Housing professional |
| <input type="checkbox"/> Mother's significant other | <input type="checkbox"/> Mental health/intellectual and developmental disabilities professional |
| <input type="checkbox"/> Father's family: aunt/uncle or cousins | <input type="checkbox"/> Early childhood developmental services professional |
| <input type="checkbox"/> Father's family: grandparent of the child | <input type="checkbox"/> School professional |
| <input type="checkbox"/> Father's significant other | <input type="checkbox"/> Drug and alcohol professional |
| <input type="checkbox"/> Friends, neighbors | <input type="checkbox"/> Domestic violence professional |
| <input type="checkbox"/> Foster family of the child | <input type="checkbox"/> Family preservation and placement services provider |
| <input type="checkbox"/> Godparent of the child | <input type="checkbox"/> Community support resource |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Legal guardian of the child |

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We ask you to describe yourself in order to learn about who attends Family Group Conferences. However, you can choose to skip these questions.

- Age Range**
- | | | |
|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> 6-13 | <input type="checkbox"/> 22-30 | <input type="checkbox"/> 51-60 |
| <input type="checkbox"/> 14-17 | <input type="checkbox"/> 31-40 | <input type="checkbox"/> 61-70 |
| <input type="checkbox"/> 18-21 | <input type="checkbox"/> 41-50 | <input type="checkbox"/> Over 70 |

Gender

- Male
 Female

Ethnicity

- Are you of Hispanic, Latino or Spanish origin?
- Yes
 No

Race (check only ONE)

- Black/African American
 White/Caucasian
 Asian/Pacific Islander
 Native American/Alaskan/Hawaiian
 Multiracial
 Other (please specify)

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Please turn over & do NOT write below this line

