

# Family Group Survey

Family Group Date

		/			/				
M	M		D	D		Y	Y	Y	Y

County Code

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**Form ID**

Year

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Conference ID #

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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 Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
1. Each paid professional was clear about their role (ex. 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 not have other jobs to do with the family beside 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 <b>in a place</b> 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 <b>in a way</b> that felt right to the family group (ex. 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 (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"/>
9. 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"/>
10. The family group was prepared for the conference(ex. 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 (ex. 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 (ex. 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 do NOT write below this line**



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

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.

<b>Age Range:</b>	<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

<b>Race</b>
<input type="checkbox"/> Black/African American
<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American/Alaskan/Hawaiian
<input type="checkbox"/> Multiracial
<input type="checkbox"/> Other

<b>Gender</b>
<input type="checkbox"/> Male
<input type="checkbox"/> Female

<b>Ethnicity</b>
Are you of Hispanic, Latino or Spanish origin?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please do NOT write below this line

