*Thank you for your recent participation in this case review process. Please take a moment to fill out the following form so we can gather your feedback about your experience as a QSR Reviewer. Your responses are confidential. Please do not include your name.*

1. **Were you a Local reviewer or a State reviewer?**

□ Local Reviewer □ State Reviewer □ Unsure

1. **How many times have you been a QSR Reviewer prior to this county's case review? *Please circle one.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4+ | Unsure |

1. **In preparation for this county's case review, which certification training did you attend? *Please select one.***

□ 2 day training

□ QSR Refresher Session

□ I was already certified (i.e. certified at training for another county)

1. **The training I received in advance of this case review adequately prepared me to be a QSR reviewer. *Please circle one.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |

1. **What was the most useful part of training for QSR reviewers?**
2. **What, if any, suggestions do you have for improving the training for QSR reviewers?**
3. **Please select any of the following items that you found helpful to receive in advance of this case review? *Please select all that apply.***

□ Directions

□ Parking

□ Building Access

□ Wireless/Internet Access

□ Work space accommodations (i.e. space to work, food/snacks, bathroom access, etc.)

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What other information, if any, would have been useful to have received prior to this case review?**

□ Nothing, I received all necessary information

□ I would have liked to receive the following:

1. **Did you have any concerns about the onsite logistics (i.e. parking, building access, work space) for this case review?**

□ Yes

□ No

1. **If you selected “Yes” for Question #9, please identify the concerns that you had regarding the onsite logistics and provide details about your concerns.**

 Directions

 Parking

 Building Access

 Wireless/Internet Access

 Work space accommodations (i.e. space to work, food/snacks, bathroom access, etc.)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details about concerns:

1. **Was sufficient time allotted for all the interviews that you conducted as part of this case review?**

□ Yes

□ No

1. **If you selected “No” for Question #11, please share what would have helped to have improved the timing allotted for your interviews for this case review.**
2. **How many interviews were conducted for this child/youth/family's case review? *Please select one answer.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ |

1. **Please identify how your interviews were conducted. *Please select all that apply.***

□ In person, offsite

□ In person, at the onsite review location

□ Via the telephone

□ Via Skype or video conference

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did each person you interviewed have an understanding of the purpose of the case review?**

□ Yes, all people interviewed understood the purpose of the case review.

□ No, the following people did not understand the purpose of the case review.

*Please list each person's by their role (i.e. mother, father, foster parent, mental health counselor, etc.)*

1. **Please rate your level of effectiveness in explaining the purpose of the case review to interview participants.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Effective | Effective | Neither Effective nor Ineffective | Ineffective | Very Ineffective |

1. **Please rate your level of comfort in conducting interviews for this case review.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Comfortable | Comfortable | Neutral | Uncomfortable | Very Uncomfortable |

1. **What suggestions, if any, do you have for improving the interview portion of this case review process?**
2. **I was able to gather sufficient information during the case review to score this case.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|  |  |  |  |  |

1. **What, if any, additional information would have helped you in scoring this case?**
2. **Please describe your experience using the web-based roll-up sheet for this county's case review.**
3. **What suggestions, if any, do you have to improve the Case-Specific Team Debriefing portion of this case review?**
4. **What suggestions, if any, do you have to improve the Caseworker/Supervisor Feedback Session portion of this case review?**
5. **Did your participation in this county's case review alter your perspective of practice of child welfare in this county? *Please offer comments with your response.***

□ Yes

□ No

1. **Please share any additional comments about this QSR reviewer experience here.**