

Family Feedback Follow-up

Date of Conference: __/__/__
File/Case Number: _____
Child's SSN : _____
Referral Date: __/__/__
Case Open Date: __/__/__
Case Close Date: __/__/__

County: _____
Coordinator: _____
Facilitator: _____
Person Interviewed: _____
Relationship to Child: _____
Date of Follow-up: __/__/__

It has been six months or more since you participated in a planning conference for your family. We would like to know how things have gone for you since then. The information you provide is confidential.

1. Do you recall the plan that was developed at the family conference?
 Yes No
2. To what degree has the plan been carried out?
 Largely Somewhat Not at all
3. Is your child still getting services from the agency or community?
 Yes No Never received services
4. How satisfied are you with the services your child has received?
 Very Somewhat Not at all Did not receive services
5. Is your child still getting help from family, friends or relatives?
 Yes No Never received help

How satisfied are you with this help
 Very Somewhat Not at all Did not receive help
6. Are you or other family members still getting services yourself?
 Yes No Never received services
7. What services do you continue to use?
8. How satisfied are you with the services you or your family members have received?
 Very Somewhat Not at all (Explain):
9. How many JPO or C&Y caseworkers have you had since the conference?
 0 1 2 3 Case was Closed

Has the number made a difference? How?

10. How did your experience with the agency compare to others you have had?
- Better Worse About the same
 I haven't had other experiences
11. Has your family situation changed in the past six months?
- Gotten Better Gotten Worse Stayed the same
12. What would you like to see happen next?
13. What should your county agencies (C&Y, JPO, MH, etc.) continue to do that they do well?
14. Do you have any recommendations about how this county can improve services to children and families?

Thank you so much for the information.