



QUALITY OF LICENSED CAREGIVER'S HOME – COMMUNITY INPUT

Licensed Out-of-Home Caregiver: _____

This Questionnaire Applies to the Following Period: _____

Date Questionnaire Completed: _____

PLEASE NOTE: For your convenience, a response scale is provided for all evaluation questions, except for the last two (2) which are open ended. If you do not have enough information to offer a judgment for a particular question, please check "Insufficient information to respond."

1. How familiar are you with the licensed out-of-home caregiver in terms of completing this form?

- Insufficient information to respond
- Extremely familiar with them
- Familiar with them
- Neither familiar nor unfamiliar
- Unfamiliar with them

Comments: _____

2. How satisfied are you that the licensed out-of-home caregiver is doing an effective job of providing for the child's needs?

- Insufficient information to respond
- Completely satisfied
- Satisfied
- Neither satisfied or unsatisfied
- Dissatisfied
- Completely dissatisfied

Comments: _____

3. How satisfied are you with the amount of cooperation you have received from the licensed out-of-home caregiver?

- Insufficient information to respond
- Completely satisfied
- Satisfied
- Neither satisfied or unsatisfied
- Dissatisfied
- Completely dissatisfied

Comments: _____

4. How satisfied are you with the amount and quality of communication you have with the licensed out-of-home caregiver?

- Insufficient information to respond
- Completely satisfied
- Satisfied
- Neither satisfied or unsatisfied
- Dissatisfied
- Completely dissatisfied

Comments: _____

5. How satisfied are you that the licensed out-of-home caregiver is meeting their responsibility to provide a clean, safe and pleasant living environment?

- Insufficient information to respond
- Completely satisfied
- Satisfied
- Neither satisfied or unsatisfied
- Dissatisfied
- Completely dissatisfied

Comments: _____

6. How satisfied are you that the licensed out-of-home caregiver promotes good neighborliness in their children by monitoring their behavior and providing appropriate correction and discipline when needed?

- Insufficient information to respond
- Completely satisfied
- Satisfied
- Neither satisfied or unsatisfied
- Dissatisfied
- Completely dissatisfied

Comments: _____

7. How satisfied are you that the licensed out-of-home caregiver is effective in addressing any special problems or special needs of the children placed in their home (health, mental health, behavioral, educational)?

- Insufficient information to respond
- Completely satisfied
- Satisfied
- Neither satisfied or unsatisfied
- Dissatisfied
- Completely dissatisfied

Comments: _____

8. Have you observed any difference in the way the licensed out-of-home caregiver treats the foster children in comparison with their own children? Yes No

Comments: _____

9. Do you have any further comments or suggestion that relate to this family as foster parents?

Comments: _____

Thank you for taking time to complete this questionnaire. The confidentiality of your response will be carefully protected in the summarization of this information. Your name will not be associated with the evaluation report.

CHECK ONE: School Personnel GAL Neighbor Medical Personnel
 Social Service Provider Other (specify): _____

The information you provide is confidential, but if you wish to be contacted please provide your name and a contact telephone number. _____