

Family Assessment Planning Team (FAPT) Parent Survey

Please fill out this survey about your recent FAPT experience. Please return to the CSA office or to your case manager.

Child's age:

Relationship to child:

*Based off the scale below, please rate the number, 1-5, beside each question that describes your interaction with our team. If for you choose a 1 or a 5 for any question, please provide a brief explanation for your answer. **THANK YOU!***

1- STRONGLY DISAGREE	2- DISAGREE	3- NEUTRAL	4- AGREE	5- STRONGLY AGREE
-------------------------	-------------	------------	----------	----------------------

Were you treated with dignity and respect? _____

Were you encouraged to share your thoughts on your child (ren)? _____

Were you encouraged to share your child's strengths and needs? _____

Did you feel supported by the members when you shared your information? _____

Do you believe the plan that was developed will help you and your family? _____

If you wish to give details to your answers above or suggestions, please add additional comments:

*Thank you for your time and feedback on this process. If you have any questions, please contact me, **Jennifer Overstreet, Family Assessment Planning Team Coordinator, at 540-586-7652 x1382.***