



BC Federation of Foster Parent Associations

Placement Feedback Questionnaire

Date: _____ Contract Number: _____

Foster Parent Name(s): _____

Location: _____ Name of Child: _____

Social Worker Name: _____

Office Location: _____ Placement duration: _____

Dear Foster Parent:

Please answer the following questions with the intention that the feedback provided will assist Ministry workers to support children and foster parents through foster home transitions. If you require more space, please continue on the back of the form. Please return the completed form to the Ministry.

Thank you!

1. How many worker changes has this foster child had since being in care?
2. How many worker changes has this foster child had since being in your foster home?
3. Was all pertinent information passed to the next social worker?
4. Were your questions about the foster child answered in a timely manner?
5. What was the response time on average?
6. Was the child encouraged by the social worker to follow the rules in your home?

7. How was support provided to the child to integrate smoothly into his new situation?
8. How frequent was the contact between the child and his or her worker?
9. Was the social worker made aware of any negative or challenging behavior once the child was moved?
10. How were these behaviors addressed?
11. Was the social worker aware of the dynamics within your foster home and were issues resolved?
12. Do you feel that the needs of the child and the foster family were met by the social worker(s)?
13. Were efforts made to contact the child's relatives?
14. Were reasonable efforts made to return the child to family?
15. What were the strengths in your dealings with your child's social worker?
16. What areas could have been improved?

Thank you for taking the time to fill out these questions. If you require more space, please feel free to use the back of these sheets or add additional pages.