

Adoptive Parent

Using the rating scale below, circle the answer which best shows how you feel, and return the survey in the enclosed self-addressed envelope. If you have had experience with more than one agency, please identify which agency your responses are addressing:

1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree

- | | | | | |
|--|---|---|---|---|
| 1. I was contacted within three days of my Initial Inquiry about adoption. | 1 | 2 | 3 | 4 |
| 2. I have a worker I am able to contact as needed. | 1 | 2 | 3 | 4 |
| 3. I have been provided adequate Information about the process of adopting children. | 1 | 2 | 3 | 4 |
| 4. I was given the opportunity to review all non-Identifying information known to the agency about my adopted child. | 1 | 2 | 3 | 4 |
| 5. The subsidy program was fully explained to me. | 1 | 2 | 3 | 4 |
| 6. I am satisfied with the pre-placement visits which occurred before the adoption placement. | 1 | 2 | 3 | 4 |
| 7. I was made aware of available post-adoption supports. | 1 | 2 | 3 | 4 |
| 8. I received the supports and services necessary to meet the needs of my child and family. | 1 | 2 | 3 | 4 |
| 9. I would recommend becoming an adoptive parent to other people in my community. | 1 | 2 | 3 | 4 |

I have been an adoptive parent for: _____ years _____ months

Continued on back

What has been good about your adoption experience?

What would you like to be different about your adoption experience?

What other comments, Ideas or suggestions do you have? Please include both positive information or concerns about staff, working with different agencies, etc.

Name (optional) _____

I would be Interested In being part of a foster/adoptive parent advisory board. Yes No

If yes, please provide:

Name: _____

Phone or Email contact information _____