

Foster Youth Survey

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

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|---|---|---|---|---|
| 1. I am satisfied with the amount of contact I have with my worker. | 1 | 2 | 3 | 4 |
| 2. I am able to participate in meetings to talk about my future. | 1 | 2 | 3 | 4 |
| 3. In those meetings, I am able to share what is Important to me. | 1 | 2 | 3 | 4 |
| 4. I feel like an Important partner In case planning for myself | 1 | 2 | 3 | 4 |
| 5. I know my goals for the future. | 1 | 2 | 3 | 4 |
| 6. I am informed of the date and time of court hearings. | 1 | 2 | 3 | 4 |
| 7. I am heard in court hearings. | 1 | 2 | 3 | 4 |
| 8. My worker(s) listens to what I have to say. | 1 | 2 | 3 | 4 |
| 9. My worker(s) and I talk about things that are important to me. | 1 | 2 | 3 | 4 |
| 10. My worker(s) treats me with respect. | 1 | 2 | 3 | 4 |
| 11. My worker(s) talks with me about my concerns. | 1 | 2 | 3 | 4 |
| 12. My worker(s) talks with me about my education. | 1 | 2 | 3 | 4 |
| 13. My worker(s) responds to my needs. | 1 | 2 | 3 | 4 |
| 14. My values, beliefs and traditions are respected. | 1 | 2 | 3 | 4 |
| 15. My placement provider meets my needs. | 1 | 2 | 3 | 4 |
| 16. I have friends that I can talk to. | 1 | 2 | 3 | 4 |
| 17. I have a caring adult In my life who I can depend on in the future. | 1 | 2 | 3 | 4 |
| 18. I am learning valuable life skills. | 1 | 2 | 3 | 4 |

Continued on back

What has been good about your foster care experience?

What would you like to be different about your foster care experience?

How many workers have you had in the past twelve months? How has this impacted you?

What other comments, Ideas or suggestions do you have? Please include both positive information and concerns about staff, reasons for moves, etc.

Name (optional) _____

I would be Interested In being part of a youth advisory board. Yes No

If yes, please provide:

Name: _____

Phone or Email contact information _____