

Placement Experience Questionnaire

1225 N Main Street Suite 102 Pueblo CO, 81003
(719) 583-2200 FAX: (719)542-3412

Please assist us as we pursue continual improvement of the quality of services that we provide by responding to the following statements according to the following scale: 0=N/A 1=strongly disagree; 2=disagree; 3=neither agree nor disagree; 4=agree; 5=strongly agree.

Please consider your *most recent* placement experience with us (the child(ren) that *most recently* discharged) when responding and circle the number that most closely represents that experience. Please return the completed questionnaire to the above address or fax number.

Please identify your role in the case: _____ foster parent _____ caseworker

The Cooperative Services Coordinator (case manager):

1. Conducted him/her self in a respectful and professional manner. 0 1 2 3 4 5
Comments: _____
2. Was easy to get a hold of and returned calls or responded to other communications promptly. 0 1 2 3 4 5
Comments: _____
3. Responded promptly with appropriate answers to my questions. 0 1 2 3 4 5
Comments: _____
4. Was responsive to my needs. 0 1 2 3 4 5
Comments: _____
5. Focused on relevant issues regarding the child(ren) in placement. 0 1 2 3 4 5
Comments: _____
6. Listened carefully to my questions regarding the child(ren) in placement. 0 1 2 3 4 5
Comments: _____

The Agency (in general):

1. Provided services that met or exceeded the needs of the child(ren) in placement. 0 1 2 3 4 5
Comments: _____
2. Provided services that met or exceeded my needs and/or expectations. 0 1 2 3 4 5
Comments: _____
3. Facilitated a working environment that allowed team members to focus on the needs of the child(ren) in placement. 0 1 2 3 4 5
Comments: _____
4. I would recommend Bridges to others. 0 1 2 3 4 5
Comments: _____