



Foster Parent Questionnaire

Please return to: COA, 120 Wall Street, 11th Fl., New York, NY 10005

Org ID#

Date: / /

Organization Name:

City:

State:

Instructions: Please answer each question by marking the circle under or next to your response.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE
1. I participate in service planning for my foster child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The organization provided me with specific information about the child prior to placement in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The organization responds proactively to challenges and conflicts associated with the placement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am given adequate notice when I am to receive a child and when a child is to be removed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My foster child maintains relationships with family members, friends and their community through visits and/ or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The organization ensures my foster child receives needed services identified in the service plan, such as: counseling, support, and education services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My foster child has opportunities to participate in ethnic, cultural, and/or religious activities consistent with his/her cultural or native traditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My foster child receives needed medical, dental, developmental, and mental health services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I received information about my foster child's healthcare needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have access to a caseworker whenever I need information and assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have a private visit with the caseworker at least once a month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Foster parents are involved in the organization's foster parent recruitment and retention efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The training I received from the organization has effectively prepared me to be a foster parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I have been informed of my rights and responsibilities as a foster parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I have access to services to prevent/reduce stress, such as childcare, respite care, counseling, peer support, or recreational activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The organization provided or helped me develop a plan for responding to emergencies such as accidents, run away behavior, serious illness, fire, and natural disasters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. The organization assesses the safety of my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. I provide the following type(s) of foster care in my home: *(check all that apply)*
 1. Family Foster Care 2. Therapeutic Foster Care

19. Please use the space below to provide comments that you wish to call to the attention of COA peer reviewers.

Thank you for taking time to complete the survey.

I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit.

Name: _____ Phone: _____ Ext: _____ Best time to call: _____

Title _____ E-mail address: _____