



Family Feedback Questionnaire

Please read the statements below about your experience with (DCYF) and the Family Team Decision Making (FTDM) meeting.

Check the box that best fits how you feel.

The information will be used to help Children's Administration work with families in the future.

OFFICE NAME

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
1. The FTDM was facilitated in a manner that was genuine and respectful.	<input type="checkbox"/>				
2. The meeting process was explained clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
3. I felt listened to, and my ideas and suggestions were used in developing plans for my family.	<input type="checkbox"/>				
4. I understand what I need to do to keep my child / children safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

I would also like to say. . .