***Survey for Family or Child Counseling Programs***

***[longer term services]***

***Directions:*** Please help us to improve our program by answering the following nine questions. We want to know how you are doing with your recovery process, and how we have helped. *Just circle the best answer for each question.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **My relationship to the child is (check one):** | * parent * grandparent * other relative * foster parent * legal guardian | | * Other(describe): | | | |
| **As a result of the services the child received from [your agency name here]:** | ***Strongly Agree*** | ***Agree*** | ***Neutral*** | ***Disagree*** | ***Strongly Disagree*** | ***NA*** |
| *Physical and Emotional Needs:*   1. I am now more aware of sources of help for my child. 2. I have a better understanding of the way the abuse has affected my family. 3. The child understands that the changes in the family following the abuse are not his/her fault. 4. The physical effects of the trauma in my child have lessened since starting counseling. 5. The emotional effects of the trauma in my child have lessened since starting counseling. | ***5***  ***5***  ***5***  ***5***  ***5*** | ***4***  ***4***  ***4***  ***4***  ***4*** | ***3***  ***3***  ***3***  ***3***  ***3*** | ***2***  ***2***  ***2***  ***2***  ***2*** | ***1***  ***1***  ***1***  ***1***  ***1*** | ***-***  ***-***  ***-***  **NA**  **NA** |
| *Stability/Resolution:*  6. I now have the skills to help my child cope with the effects of trauma. | ***5*** | ***4*** | ***3*** | ***2*** | ***1*** | ***-*** |
| *Safety*   1. I now have a plan to help me keep my child safe. | ***5*** | ***4*** | ***3*** | ***2*** | ***1*** | ***-*** |
| *Service Quality*   1. The agency’s services were appropriate for my child’s needs. 2. My child was provided with appropriate referrals based on his/her needs. 3. The agency took my culture, religion, and orientation into consideration when providing me services. | ***5***  ***5***  ***5*** | ***4***  ***4***  ***4*** | ***3***  ***3***  ***3*** | ***2***  ***2***  ***2*** | ***1***  ***1***  ***1*** | ***-***  ***-***  ***-*** |

*Thank you for taking the time to help us improve our services.*