***Survey for Mentoring – Child Clients (Ages 3-15)***

***Primary Caregiver with Best Interests of the Child at Heart***

***Directions:*** Please help us to improve our program by answering the following fourteen 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
* Case Manager
 | * 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. The child understands the way the trauma affected them.
2. The effects of the trauma have lessened since starting mentoring.
3. The child is getting adequate sleep.
4. The child is acting out less since starting mentoring.
 | ***5******5******5******5*** | ***4******4******4******4*** | ***3******3******3******3*** | ***2******2******2******2*** | ***1******1******1******1*** | ***-******-******-******-*** |
| *Stability/Resolution:*1. This child is now more engaged with educational resources/activities in school.
2. The child is achieving set goals.
3. The child possesses a positive self-esteem.
 | ***5******5******5*** | ***4******4******4*** | ***3******3******3*** | ***2******2******2*** | ***1******1******1*** | ***-******-******-*** |
| *Safety*1. The child is avoiding unsafe behaviors.
 | ***5*** | ***4*** | ***3*** | ***2*** | ***1*** | ***-*** |
| *Service Quality*1. The agency’s services were appropriate for the child’s needs.
2. The child has been referred to appropriate community resources.
3. The agency remained knowledgeable about the status of the child’s case.
 | ***5******5******5*** | ***4******4******4*** | ***3******3******3*** | ***2******2******2*** | ***1******1******1*** | ***-******-******-*** |