***Court-Appointed Special Advocates Survey***

***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. The Volunteer Coordinator/program staff that oversees the CASA for each child’s case should fill out the questionnaire. *Just circle the best answer for each question.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **As a result of the services the child received from [your agency name here]:** | ***Strongly Agree*** | ***Agree*** | ***Neutral*** | ***Disagree*** | ***Strongly Disagree*** |
| *Physical and Emotional Needs:*1. The appropriate service providers were alerted the child’s needs.
2. The child understands that she or he is not the cause of the family’s disruption.
 | ***5******5*** | ***4******4*** | ***3******3*** | ***2******2*** | ***1******1*** |
| *Stability/Resolution:*1. The child’s case plan goals for recovery are being achieved.
2. The child’s case plan goals for permanency are being achieved.
 | ***5******5*** | ***4******4*** | ***3******3*** | ***2******2*** | ***1******1*** |
| *Safety*1. The child is currently placed in a situation that closely matches his/her best interest.
2. The Child’s final placement is safe.
 | ***5******5*** | ***4******4*** | ***3******3*** | ***2******2*** | ***1******1*** |
| *Service Quality*1. The CASA volunteer has had regular contact with the child.
2. The child’s case was reviewed on a timely manner.
3. The agency made sure the services they provided took my culture, religion, and orientation into consideration.
 | ***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.*