Dear Parent or Guardian:

The goal of the Division of Youth Services is to provide services that are helpful to youth and families. Please take a few minutes to tell us about your experience. Your comments will help us improve our work. The information you provide is confidential; however, if you choose to provide your name we may contact you for more information. Please mark the answer that best describes how you feel.

1. I was included in the development of my child’s Individual Treatment Plan (ITP).  
   - [ ] Strongly Agree  [ ] Agree  [ ] Disagree  [ ] Strongly Disagree

2. I understood my child’s treatment goals.  
   - [ ] Strongly Agree  [ ] Agree  [ ] Disagree  [ ] Strongly Disagree

3. DYS staff talked with me about my child’s progress as often as I needed.  
   - [ ] Strongly Agree  [ ] Agree  [ ] Disagree  [ ] Strongly Disagree

4. My child’s level of care met my child’s needs.  
   - [ ] Strongly Agree  [ ] Agree  [ ] Disagree  [ ] Strongly Disagree

5. The services (counseling, therapy, education, etc.) met my child’s needs.  
   - [ ] Strongly Agree  [ ] Agree  [ ] Disagree  [ ] Strongly Disagree

6. DYS employees treated my family with respect.  
   - [ ] Strongly Agree  [ ] Agree  [ ] Disagree  [ ] Strongly Disagree

7. DYS employees were effective in working with my child.  
   - [ ] Strongly Agree  [ ] Agree  [ ] Disagree  [ ] Strongly Disagree

8. DYS helped me become a more effective parent with my child.  
   - [ ] Strongly Agree  [ ] Agree  [ ] Disagree  [ ] Strongly Disagree

9. Our experience with DYS makes me more hopeful about my child’s future.  
   - [ ] Strongly Agree  [ ] Agree  [ ] Disagree  [ ] Strongly Disagree

What do you believe made the greatest difference for your child and family?
_________________________________________________________________________

How could DYS have better served your family?
_________________________________________________________________________

Other comments:  _____________________________________________________________

_________________________________________________________________________

OPTIONAL  -- I want someone to contact me to discuss my experiences.  [ ] Yes  [ ] No

Name:  ___________________________________  Phone:  _____________________