## **DCJ Family Services Questionnaire-Family**

Demonstration Site:	Supervising Officer:	Family Na		Date:							
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Services Received: Identify the services your child and family have received.											
Case Management:	Medical Services:										
Family Counseling:	Mentor:										
Group Counseling:	Support Group:										
Individual Counseling	Substance Abuse:										
Education Services: Other:											
		Strongly	Disagree	Neutral	Agree	Strongly					
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		Strongly Disagree	Disagi	ree	Neutral	Agree	Strongly Agree
1	I/we knew what to expect upon entering the systems I/we worked with.	1	2		3	4	5
2	I/we was treated with respect and courtesy by these systems.	1	2		3	4	5
3	I/we was able to participate in my family's plan.	1	2		3	4	5
4	Scheduled appointments worked around times and locations that were convenient for me/us.	1	2		3	4	5
5	I/we believe my systems experiences were family focused/family driven/youth centered.	1	2		3	4	5
6	I/we believe the systems I/we worked with were committed to finding solutions that were in the best interest for my youth and family.	1	2		3	4	5
7	Options were shared that I/we had not previously thought about or considered.	1	2		3	4	5
8	We were aware and encouraged to attend the appropriate groups and classes.	1	2		3	4	5
9	The options, resources and recommendations have all been in the best interest of my youth and family.	1	2		3	4	5
10	Resources to meet my family's needs were available in my community.	1	2		3	4	5
11	Did you experience any obstacles in gaining access to needed resources?	Y	N	(Specify)			
12a	Was there a point person linking me/my family to those resources.	Y	N	(Specify)			
12b	If no, would it have been helpful to have one?	Y	N	(Specify)			
13	I feel that the availability of these resources were an integral part of the service plan/family plan for my youth and family.	1	2		3	4	5
14	Additional comments?	(Specify)		<b>.</b>			