

DCJ Family Services Questionnaire-Youth

Demonstration Site:	Supervising Officer:	Youth's Name:	Date:
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Services Received: <i>Identify the services your child and family have received.</i>	
<input type="checkbox"/> Case Management: _____ <input type="checkbox"/> Family Counseling: _____ <input type="checkbox"/> Group Counseling: _____ <input type="checkbox"/> Individual Counseling: _____ <input type="checkbox"/> Education Services: _____	<input type="checkbox"/> Medical Services: _____ <input type="checkbox"/> Mentor: _____ <input type="checkbox"/> Support Group: _____ <input type="checkbox"/> Substance Abuse: _____ <input type="checkbox"/> Other: _____

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I had an idea of what to expect when I entered 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	People listened to me and I participated in making my plan.	1	2	3	4	5
4	I believe the systems I worked with were committed to getting my family and I the help that was in our best interest.	1	2	3	4	5
5	The people providing services to me were helpful.	1	2	3	4	5
6	Any ideas on how this process could have been more helpful to you?	<i>(Specify)</i>				
7	Additional comments?	<i>(Specify)</i>				