Parent Partner – Participant Feedback (EXIT)

Purpose:

- The purpose of this form is to receive feedback from the participant regarding their experiences in the Parent Partner Program.

Who completes form?

- The participant should complete this form on their own. Due to potential biases, the Parent Partner should not be present when the participant is completing the form.

- If privacy is a concern, the participant can request an addressed and stamped envelope to mail the completed form back to the Local Coordinator.

When is form to be completed?

- The form should be completed upon participant exiting the program.

- Upon completion of this form it must be entered into the database within 30 days.

What to do with form?

- The Local Coordinator will enter the information into the database and keep the form in a secured locked location once it has been completed.

How is the information used?

- The information is used to assess the participant's experiences with the Parent Partner program. It may also be used to identify the challenges of working with the participant, while also highlighting the strategies that were successful for a Parent Partner.

Where is this information kept after the participant is no longer involved?

- This information remains in a secured locked location for ten years following a participant's exiting the program, and then this form is destroyed.

Parent Partner Program
Feedback Form (Exit)

This form is to be completed by **the participant upon** exit from the Parent Partner Program.

- The participant should evaluate the quality of the statements from his or her perspective.
- There are TWO sections to this checklist; be sure to complete both.
- The completed form should be returned to the Local Coordinator.

Participant being mentored:	FACS ID#:
Parent Partner:	Date:

Using the scale below, mark the appropriate box to indicate your response for each item.

My Parent Partner…

	Never	Rarely	Some-times	Often	Always	My participant declined or did not participate (N/A)
1. Encouraged me to fulfill their case plan activities						
2. Had regular face-to-face visits with me						
3. Had other (email, phone, web) communication and contact with me						
4. Advocated for me and my family for needed resources						
5. Was encouraging to me and my family						
6. Connected me with community resources						
7. Helped me connect with the community						

8. Coached me on communication strategies					
9. Supported me at Family Focused Meetings (FFM), court, treatment, other gatherings					
10. Coached me on what to expect throughout the process					

Please provide additional comments regarding the degree to which your Parent Partner helped your family through the program. If you rated any of the above statements as "Always" or "Rarely" or "Never," please explain **why** below.

Using the scale below, mark the appropriate box to indicate your response for each item.					
Please rate your improvement on your…					
	Significant Improve-ment	Some Improve-ment	Remained the Same	Decreased	Don't Know
1. Relationship with people who are able to connect you with resources					
2. Relationship with people who support your positive changes					
3. Level of communication with your HHS worker					
4. Level of communication with your attorney(s)					
5. Ability to advocate appropriately for yourself and your family					
6. Knowledge of what needs to be done for custody of your children					
7. Ability to get to appointments on time (visitation, FFMs, counseling session, substance abuse treatment, etc.)					
8. Ability to find community resources for your family					
9. Knowledge of who to contact with needs or concerns regarding your case					
10. Level of personal responsibility and accountability for your actions					
11. Willingness to make changes					

If you rated any of the above statements as "Significant Improvement" or "Remained the Same" or "Decreased," please explain **why** below. Note that "Remained the Same" could mean that no change was needed, or the indicator was satisfactory to begin with.