



# Family Feedback Questionnaire

Please read the statements below about your experience with Children's Administration and the Family Team Decision Making meeting. Circle the number that best fits how you feel.

*The information will be used to help Children's Administration work with families in the future.*

Office Name:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. The FTDM was facilitated in a manner that was genuine and respectful.	1	2	3	4	
2. The meeting process was explained clearly.	1	2	3	4	N/A
3. I felt listened to, and my ideas and suggestions were used in developing plans for my family.	1	2	3	4	
4. I understand what I need to do to keep my child/children safe.	1	2	3	4	N/A

I would also like to say...

Large empty text area for providing additional feedback.



Thank you.