Child Placement Review Board of Delaware

Child Placement Questionnaire

As a foster parent or caregiver of a child in foster care, we encourage you to attend their next CPRB review. Because you are able to provide critical insight into the child's foster care experience, you are strongly urged to attend our reviews. However, if you cannot attend the upcoming review for this child, we hope you will take the time to fill out this survey and return it to us promptly so that the information can be shared with the Board and considered during the child's review. This information will provide us with a more accurate picture of what is going on in the child's life, which helps us to develop more thorough recommendations. Please return the completed form in the enclosed pre-paid addressed envelope, or you may fax it to 302-577-2605. Alternatively, you may respond by telephone by contacting our office at 302-577-8750 and asking to speak with the Review Coordinator assigned to this review.

CHILD'S NAME: _____

CHILD'S DOB: _____ DATE OF REVIEW: _____

NAME OF PERSON COMPLETING THIS QUESTIONNAIRE: _____

1. How is the placement going? Would you consider the child to be stable in your home? *(Please explain)*

2. How would you describe your relationship with the child?

3. What are the specific behaviors, if any, that the child has been exhibiting in your home?

4. Who else is residing in your home? How many adults, biological/adopted children, additional foster children, and anyone else. Please include the ages of all the children.

5. Is the child having contact with his or her birth family, and if so, with whom? Based on your observations, how are those contacts and/or visits affecting the child?

6. How often are you in contact with the child's Attorney GAL or CASA? Is this contact in person or by phone?

7. How often are you in contact with the DFS worker assigned to your foster child's case? Is this contact by phone, e-mail or in person?

8. Do you feel that the DFS worker has adequately addressed any questions or concerns that you have had? *(Please explain)*

9. Are there any other resources/services needed that the child and/or you are not currently receiving?

10. What does the child like to do? What are his/her interests and or hobbies? Is the child involved in any extracurricular activities (clubs, sports, Boy/Girl Scouts, church groups, etc.) or taking any lessons (dance, musical instrument, gymnastics, karate, etc.)? If so, what?

Please share any additional comments or information you would like to share with the Board on the other side of this form.

Thank you for completing this questionnaire!!!