



NATIONAL CENTER FOR ENHANCED
Post-Adoption Support

ASSESSING POST-PERMANENCY FAMILY WELL-
BEING, STABILITY, AND SERVICE SATISFACTION:
USER'S GUIDE AND QUESTIONNAIRES





The National Center for Enhanced Post-Adoption Support urges post-permanency service providers to inquire about families' stability, well-being, and service satisfaction and has developed sample baseline (prior to beginning services) and follow-up (upon conclusion of services) questionnaires for this purpose **(Attachment A)**. Agencies may use these questionnaires to support screening and referral for post-permanency services, to identify whether families have made progress during service provision, and to compile reports regarding the number of families for whom services were beneficial. Agencies may modify the survey or draw specific questions from it to best meet their needs. This guide explains the questionnaires' purpose and how agencies can administer them and use the resulting information.

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Overview and purpose of the questionnaires

The [Post-Permanency Model Program](#) includes eight components or programmatic activities.¹ Each program component addresses a different type of need that post-permanency families may have.² Child welfare agencies³ may use the questionnaires regardless of whether they have implemented all eight Post-Permanency Model Program components.

The questionnaires focus specifically on assessing areas of child, parent, and family well-being that are important for sustaining families' permanency and stability. Specifically, the questionnaires cover the following topics:

- Parent/guardian information (demographics, general well-being)
- Child information (demographics, permanency arrangement)
- Family relationships (quality)
- Parenting and services (parenting skills and knowledge)
- Parenting stress
- Social support
- Child well-being
- Family stability
- Child's education
- Financial stress
- Satisfaction with services

Agencies may find these sample questionnaires particularly useful if they do not already have a standard form. We describe them as “sample” questionnaires because agencies can modify them to meet their needs. For example, they may add selected questions to their own forms or data systems, as well as drop, add, or modify questions to the sample questionnaires as desired. These materials are not meant to be a replacement for any existing data collection systems that are already working well. At a minimum, however, we recommend asking the

¹ The [Post-Permanency Model Program Manual](#) provides in-depth descriptions of each Post-Permanency Model component, beginning on page 20.

² Child Trends identified the relevant types of well-being and stability based on the Post-Permanency Model Program's logic model. For an explanation of the Model Program's logic model, please see the section in the [Post-Permanency Model Program Manual](#), beginning on page 22.

³ Throughout this document, we will refer to agencies as the entities carrying out functions related to the questionnaires.

questions in the Stability and Satisfaction with Services sections of the questionnaires.

If agencies wish to modify the questionnaires, these resources may be useful:

- [Tennessee Intake Form](#), developed by [Harmony Family Center](#), which uses the intake form for families to request services through their Adoption Support and Preservation Program and their Guardianship Support and Preservation Program.
- Tennessee ASAP/GSAP Comprehensive Assessment, which can be found in Appendix 8 of the [Post-Permanency Model Program Manual](#). This form is longer and intended to be used to assist with a thorough assessment of families. This assessment was also developed by Harmony Family Center.
- The surveys Child Trends used to develop the Post-Permanency Model are as follows. For full citations and additional information, see [Appendix D](#).
 - [Flourishing Children Positive Indicators Project](#)
 - [Family Empowerment Scale](#)
 - [National Survey of Adoptive Parents](#)
 - [National Survey of Children in Nonparental Care](#)
 - [National Survey of Children's Health \(2007\)](#)
 - [National Survey of Children's Health \(2011-2012\)](#)
 - [Post-Adoption and Guardianship Instability Tracking Toolkit](#)
 - Questionnaire created to support Child Trends' consultation work with the Virginia Department of Social Services (unpublished)

Administering the questionnaires

Agencies should determine who will administer the questionnaires. It could be the case manager, someone else within the public agency, or a post-permanency service provider. At a minimum, the questionnaires should be administered before families begin services and again when they complete services. It is best for parents/guardians to complete questionnaires in privacy, so that they feel more comfortable providing honest answers.⁴ The questionnaires can be in a paper-and-pencil or an online format.

⁴ If respondents have barriers to reading and/or writing, agency or provider staff can read the questions verbally and record them in advance. Parents/guardians can use this recording while taking the survey. Another approach is to use Audio Computer-Assisted Self-Interviewing (ACASI)—an approach for incorporating oral questions within an electronic

Documenting the questionnaire responses

Ideally, questionnaires would be incorporated into agencies' administrative data systems so that the information would be stored along with other records pertaining to adoptive/guardianship families. If this is not possible, agency or provider staff can enter parent/guardian questionnaire responses into a spreadsheet. Having the questionnaire results in a table or database will facilitate review of each family's responses, as well as responses across families. The table or database should include:

- Family name and other identifying information.
- Demographic and adoption/guardianship information.
- Date of assessment. The table should be set up so that at least two sets of questionnaire responses for each family—that is, the baseline responses and the follow-up questionnaire responses—can be recorded.
- Answers to each question. For example, for the question “How would you describe your relationship to your child,” a respondent would select “very warm and close,” “somewhat warm and close,” “somewhat distant,” or “very distant.” For an answer that involved a respondent writing in a response, copy that response verbatim into the table. If a question is not answered or not applicable, leave the relevant space in the table blank.
- Numerical values of question responses. For example, for the same question about the closeness of the parent-child relationship, one would record a 1 if the response was “very warm and close,” 2 if “somewhat warm and close,” 3 if “somewhat distant,” or 4 if “very distant.” The values can be seen next to each response option for each question in the questionnaire.

The [Post-Adoption and Guardianship Instability Tracking \(PAGI\) toolkit](#), designed to help child welfare agencies develop a systematic way to track instability, includes an example of such a spreadsheet.¹ If a new table is needed, its format could resemble that of the sample tables in the [PAGI Toolkit](#). In particular, tool 6 in its [tracking workbook](#), in which users can record the results of a well-being questionnaire, may be a helpful model.

version of the survey. Providers can also use the questionnaire to interview parents/guardians, although this is not a private approach.

Using the information from the questionnaires

Below, we describe ways in which the questionnaire results can be used.

Table 1. Uses of the questionnaires

Screening, referral, and case planning	<ul style="list-style-type: none">▪ Identify families who may be at higher risk and need service intervention more quickly.▪ Use questionnaire results to guide discussions with families about their strengths and needs.▪ Identify the specific service components (e.g., respite care, mental health services, educational advocacy) from which families would likely benefit.▪ Compare baseline questionnaire responses with the responses to follow-up questions to assess how families are faring before versus after service receipt on key indicators of well-being and stability.
Programmatic decision-making and continuous quality improvement (CQI)	<ul style="list-style-type: none">▪ Understand provider performance, including whom they serve, what services families receive, and families' progress upon service completion.▪ Use follow-up questionnaire feedback to improve service responsiveness, quality, accessibility, and overall effectiveness.▪ Aggregate findings across families to understand common challenges/needs (e.g., high levels of parenting stress or low parenting confidence).▪ Use data to inform staffing, training, or investment in service areas that appear to have the greatest need or impact.▪ Compare change from baseline to follow-up across families who engaged in different services to learn which supports are most effective.
Outcome evaluation	<ul style="list-style-type: none">▪ Systematically assess the effectiveness, efficiency, and impact of a post-permanency service or support.

	<ul style="list-style-type: none"> ▪ Determine whether the program is achieving its intended outcomes.
Tracking and monitoring well-being and stability	<ul style="list-style-type: none"> ▪ Use as a tool to systematically track well-being and stability in the overall post permanency population (i.e., regardless of service receipt).

Screening, referral, and case planning

Agencies should review answers to each question to identify whether any of the responses suggest that families need immediate post-permanency support, in what area(s) they need support, and what types of service components might be beneficial.

The questionnaire is not a clinical assessment. Instead, the results provide a quick overview of how families may be faring and about their needs.

For screening, referral, and case planning, adding up or calculating the average of the numerical scores will not be meaningful. Additionally, there is no specific “cut point” (i.e., a specific numerical value or specific response categories) for determining automatically whether the family is or is not at risk of family instability or should be eligible for a particular service. The numerical values can be useful, however, for reporting, CQI, and evaluation purposes.

The questionnaire results can give agencies an initial sense of whether families need immediate services and which service components might benefit families. The results should be used as a starting point for discussion with families about areas of strengths and needs and about appropriate service referrals. If a questionnaire does not indicate that the family has any unmet needs, then a conversation could be had with the family as to what they see as their greatest needs. It can also be helpful for agencies to look at questions that indicate areas in which families may be doing especially well. Sometimes these strengths can be leveraged to help families with problems.

If a provider has a waitlist, questionnaire responses can be quickly reviewed to “triage” families. For example, agencies may want services to begin as quickly as possible for families who tend to answer many questions negatively or who answer a handful of questions with the most negative responses possible.

Factors to consider when reviewing information from the questionnaire include:

- Pattern of positive and negative responses across questions. Some responses indicate a weakness or need (a negative response), while others may indicate a strength (a positive response), and still others may be neither a strength nor a weakness (neutral response). Here, we are speaking of the meaning of the response, not the numerical value linked with it. For example, in rating the statement, “I feel confident in my ability to meet my child’s needs,” negative responses would include “not true at all” or “not so true.” Positive responses indicate strengths that might be leveraged to address a weakness. For the rating of parents’ abilities to meet their child’s needs, “very true” or “extremely true” would be positive responses.
- Degree of positivity versus negativity of the responses within each question. Responses for many of the questions appear as a scale to indicate the intensity of a weakness or strength, rather than simply “yes” or “no” options. For example, a need for help may be more intensive and urgent for parents who respond that problems are “extremely true” for them rather than “somewhat true.”
- Significance of each question for well-being and family stability. Questions may differ from each other in terms of importance for well-being and stability. For example, a negative response regarding the closeness of the parent-child relationship may raise more immediate concern than a negative response to parents having friends or close acquaintances with adopted or guardianship children.
- Areas showing the greatest level of need. When considering the three factors above, consider which areas seem to pose the greatest challenges for families in terms of their well-being and stability. Understanding the areas of greatest need is important for the referring process.

For a more detailed crosswalk of which specific questions align with specific areas of improvement that families may need, as well as the sources on which the questions are based, see Appendices A and B.

Upon service completion, agencies can compare each family’s baseline question responses with their responses to follow-up questions to assess how families are faring before versus after service receipt on key indicators of well-being and stability.

Programmatic decision-making and CQI

Summarizing data across families served allows for a feedback loop that enables agencies to monitor what is working well and where improvements are needed, such as refining referral processes, strengthening staff-family communication, or expanding service offerings—that is, to support [CQI](#) efforts. For example, regular assessment of well-being, family stability, and service satisfaction can help agencies adjust services to be more relevant, accessible, and culturally responsive, which in turn can improve engagement and outcomes.

Agencies can review questionnaire data in the aggregate for performance and accountability purposes. To do this, each service provider would compile questionnaire responses across families and report the data to agencies. Agencies can then glean a range of information about providers’ services, including how many families have been served, what their characteristics are, the types of services families have received, and the length of time from intake to discharge. Agencies will likely want to look at this data at regular intervals, such as twice annually or annually.

In addition to outcome measures, several questions ask about parents’ overall satisfaction with services. Asking about service satisfaction is useful because, in contrast to well-being and stability outcomes, which may take months or longer to improve, assessing service satisfaction is an early indicator often linked with subsequent positive outcomes.

Based on family characteristics asked about in the questionnaires, agencies can also look at whether outcomes

There are multiple ways to report quantitative change. As an example, consider the question “How would you describe your relationship to your child?” which has four response categories and corresponding values:

- Very warm and close = 1
- Somewhat warm and close = 2
- Somewhat distant = 3
- Very distant = 4

This is a four-point scale, with the lowest value indicating the most positive (i.e., best) response and the highest value indicating the most negative (i.e., worst) response.

might differ across groups of families, such as by type of permanency (i.e., adoption versus guardianship) or by demographic factors.

The numerical values corresponding with each question response are useful for quantifying families' progress and satisfaction with the services they have received.⁵ Agencies can compare responses for parallel questions in a family's baseline and follow-up questionnaires.

The difference between the values at baseline and follow-up is one way to quantify the family's improvement. For example, a family who was referred for therapy might have initially rated their relationship at intake as "somewhat distant." If they reported at follow-up that their relationship was now "somewhat warm and close," they have improved by one point on this 4-point scale. To report the findings to an agency, the provider could calculate the average number of points by which the parent-child relationship changed across all families served.

A second way to report this would be to look at the response values for all families at intake and calculate the average. Next, do the same for all the response values at follow-up. A provider can then report that families' average scores on the warmth of the parent-child relationship improved from the average score at intake to the average score at follow-up.

Program evaluation. The purpose of an evaluation is to determine whether a program or intervention results in the outcomes intended. To do this, evaluators must collect data not only about whether program activities were carried out, but also on the outcome measures themselves. Agencies can select a few relevant questions from the questionnaire to use as outcome data for evaluations of post-permanency support programs. This approach is very similar to the way data are used for CQI, except that during an evaluation, no changes are made to the service component, and baseline and follow-up data are collected for a control group that does not participate in services, as well as for the group that did

⁵ Some sets of questions—for example, those with ratings of "extremely true," "very true," "somewhat true," "not so true," and "not true at all" include a few questions in which the positivity/negativity of the scale is flipped. For example, a response of "extremely true" is a positive (good) answer for two of the questions in section E on parenting stress ("I trust my child's future will turn out well" and "I feel I am a good parent." However, for the other two questions ("I am giving up more of my life to meet my child's needs than I ever expected," and "I often feel tired, worn out, or exhausted from raising a family"), the reverse is true, so their numerical values should be "reverse coded"—that is, convert 5 to 1, 4 to 2, (3 remains unchanged), 2 to 4, and 1 to 5.

receive services. Changes in the values between baseline and follow-up can be compared for the two groups. A finding that the treatment group improved by a higher average number of points than did the control group would suggest that the program was effective.

Tracking and monitoring well-being and stability

To use the questionnaires as part of a data tracking system to assess trends in post-permanency well-being and stability for their entire adoptive/guardianship population, agencies can send an abbreviated questionnaire to all families, regardless of whether they have received post-permanency services. The PAGI Tracking Toolkit (link provided above) includes a well-being questionnaire and related guidance which can also be referred to for this purpose. Agencies may modify the PAGI questionnaire as desired, including drawing questions from the National Center for Enhanced Post-Adoption Support's baseline and follow-up questionnaires, available in this document.

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Treatment of ADHD and Tourette Syndrome. National Center for Health Statistics. Vital Health Stat 1(63).⁶

⁶ Materials used to help develop the questionnaires for the Post-Permanency Model were drawn from the [questionnaire](#) associated with the report cited.



Attachment A

Assessing Post-Permanency Family Well-being, Stability, and Service Satisfaction: Questionnaires

Baseline Questionnaire

To be completed prior to receipt of services

Today's date _____

The information you provide in this form will help us to meet your needs. Please feel free to skip any question you do not want to answer.

A) Parents

PARENT 1 (Child's adoptive or guardianship parents/caregiver)	PARENT 2 (If applicable) (Another adult in your household who is an adoptive or guardianship parent OR who acts as child's parent)
Name: Phone: Email: Address:	Name: Phone: Email: Address:
Racial/ethnic identity: (Please select all that apply) <ul style="list-style-type: none"> <input type="radio"/> American Indian/Alaska native <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Biracial/multiracial <input type="radio"/> Black/African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Middle Eastern/North African <input type="radio"/> Native Hawaiian <input type="radio"/> White <input type="radio"/> Other: _____ <input type="radio"/> I don't know National origin or tribe, if applicable: _____	Racial/ethnic identity: (Please select all that apply) <ul style="list-style-type: none"> <input type="radio"/> American Indian/Alaska native <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Biracial/multiracial <input type="radio"/> Black/African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Middle Eastern/North African <input type="radio"/> Native Hawaiian <input type="radio"/> White <input type="radio"/> Other: _____ <input type="radio"/> I don't know National origin or tribe, if applicable: _____

PARENT 1 (Child's adoptive or guardianship parents/caregiver)	PARENT 2 (If applicable) (Another adult in your household who is an adoptive or guardianship parent OR who acts as child's parent)
Age: <input type="radio"/> Under 30 <input type="radio"/> 30 to 39 <input type="radio"/> 40 to 49 <input type="radio"/> 50 to 59 <input type="radio"/> 60 or older	Age: <input type="radio"/> Under 30 <input type="radio"/> 30 to 39 <input type="radio"/> 40 to 49 <input type="radio"/> 50 to 59 <input type="radio"/> 60 or older
Sex: <input type="radio"/> Female <input type="radio"/> Male	Sex: <input type="radio"/> Female <input type="radio"/> Male
Are you biologically related to your child? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	Is this parent biologically related to your child? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
Did you know your child before they came to live with you? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	Did this parent know your child before they came to live with you? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
How would you describe, in general, your <u>physical health</u> ? <input type="radio"/> Excellent (1) <input type="radio"/> Very good (2) <input type="radio"/> Good (3) <input type="radio"/> Fair (4) <input type="radio"/> Poor (5)	How would you describe, in general, this parent's <u>physical health</u> ? <input type="radio"/> Excellent (1) <input type="radio"/> Very good (2) <input type="radio"/> Good (3) <input type="radio"/> Fair (4) <input type="radio"/> Poor (5)
How would you describe, in general, your <u>mental and emotional health</u> ? <input type="radio"/> Excellent (1) <input type="radio"/> Very good (2) <input type="radio"/> Good (3) <input type="radio"/> Fair (4) <input type="radio"/> Poor (5)	How would you describe, in general, this parent's <u>mental and emotional health</u> ? <input type="radio"/> Excellent (1) <input type="radio"/> Very good (2) <input type="radio"/> Good (3) <input type="radio"/> Fair (4)

PARENT 1 (Child's adoptive or guardianship parents/caregiver)	PARENT 2 (If applicable) (Another adult in your household who is an adoptive or guardianship parent OR who acts as child's parent)
	<input type="radio"/> Poor (5)

B) Child

Name: _____

Age: _____

Age when child first began living with parent(s): _____

Racial/ethnic identity:

(Please select all that apply)

- American Indian/Alaska native
- Asian
- Biracial/multiracial
- Black/African American
- Hispanic/Latino
- Middle Eastern/North African
- Native Hawaiian
- White
- Other: _____
- I don't know
- National origin or tribe, if applicable: _____

Sex

- Male
- Female

Type of permanency arrangement

- Pre-adoptive
- Adoption from foster care
- Private domestic adoption
- International adoption
- Permanent guardianship

Do you currently receive a monthly subsidy payment to help you meet your child's needs?

- Yes
- No
- I don't know

C) Family Relationships

How would you describe your relationship to your child? Please select one:

- Very warm and close (1)
- Somewhat warm and close (2)
- Somewhat distant (3)
- Very distant (4)

How would you describe your child's relationship with their other parent, if applicable? Please select one:

- Very warm and close (1)
- Somewhat warm and close (2)
- Somewhat distant (3)
- Very distant (4)
- Not applicable (N/A)

D) Parenting and Services

Please check the appropriate box to indicate how true each statement is for <u>you</u> .	Not true at all	Not so true	Somewhat true	Very true	Extremely true
I feel confident in my ability to meet my child's mental health needs.	1	2	3	4	5
I feel confident in my ability to meet my child's physical needs.	1	2	3	4	5
I feel my family life is under control.	1	2	3	4	5
I know where to go to get information to help me better understand my child.	1	2	3	4	5
I have a good understanding of the services available in my community to help my family.	1	2	3	4	5
I believe I can solve problems with my child when they happen.	1	2	3	4	5
I have a good understanding of my child's needs.	1	2	3	4	5
I feel that my family's needs for post-adoption/ guardianship services are being met.	1	2	3	4	5

E) Parenting Stress

Please check the appropriate box to indicate how true each statement is for <u>you</u> .	Not true at all	Not so true	Somewhat true	Very true	Extremely true
I trust my child's future will turn out well.	1	2	3	4	5
I am giving up more of my life to meet my child's needs than I ever expected.	1	2	3	4	5
I often feel tired, worn out, or exhausted from raising a family.	1	2	3	4	5
I feel I am a good parent.	1	2	3	4	5

F) Social Support

Please check the appropriate box to indicate how true each statement is for <u>you</u> .	Not true at all	Not so true	Somewhat true	Very true	Extremely true
If I want or need to go somewhere for an <u>afternoon</u> or <u>evening</u> , I can find someone to watch my child(ren).	1	2	3	4	5
If I want or need to go somewhere <u>overnight</u> , I can find someone to watch my child(ren).	1	2	3	4	5
When I need help with problems in my family, I am able to ask for help from others.	1	2	3	4	5
I have friends or close acquaintances that have adopted children or children in guardianship families.	1	2	3	4	5
My child has friends or close acquaintances who were adopted or are in guardianship families.	1	2	3	4	5

G) Child Well-Being

Please check the appropriate box to indicate how true each statement is for <u>your child</u> .	Not true at all	Not so true	Somewhat true	Very true	Extremely true
Shows respect for teachers and neighbors	1	2	3	4	5
Gets along well with other children in my home	1	2	3	4	5
Is stubborn, sullen, or irritable	1	2	3	4	5
Tries to understand other people's feelings	1	2	3	4	5
Tries to resolve conflicts with classmates, family, or friends	1	2	3	4	5
Is unhappy, sad, or depressed	1	2	3	4	5

Please check the appropriate box to indicate how true each statement is for <u>your child</u> .	Not true at all	Not so true	Somewhat true	Very true	Extremely true
Might be a danger to themselves or be unable to keep themselves safe	1	2	3	4	5
Might be a danger to me or other family members	1	2	3	4	5
Feels excited about their future	1	2	3	4	5
Cares about doing well in school	1	2	3	4	5

H) Stability⁷

Does your child currently live or stay with either you or (if applicable) another adoptive or guardianship parent?

- Yes
- No
- I don't know

Do you think that your child will live with you until they grow up?

- Yes
- No
- I don't know

I) Education

Does your child have a health problem, condition, or disability for which they have any of the following? Please select all that apply.

- Individualized Education Plan (IEP)
- 504 plan
- Educational supports or accommodations

*An **IEP** is a written, legally enforceable plan that lays out the special education instruction, supports, and services a student needs to thrive in school. IEPs are part of PreK–12 public education.*

*A **504 plan** is a written document for how the school will support a student with a disability and remove barriers to learning. The goal is to give the student equal access at school.*

⁷ Recommended survey items to collect.

- None of the above
- I don't know

Do you feel that the current supports, services, educational approach, and/or school placement are adequate for your child to make educational progress?

- Yes
- No
- Don't know

J) Financial Stress

How would you characterize your family's financial status over the past 12 months? On a monthly basis, my family has (please select one):

- Not enough money for basics (housing, utilities, groceries, clothing, transportation, etc.) (1)
- Just enough money for basics (2)
- Some money left after basics (3)
- More than enough money left after basics (4)
- Prefer not to answer (no answer)

K) Satisfaction with Services⁸

For any services that you may have previously received, how helpful did you find each one? Please check the corresponding box.	Extremely helpful	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful	Not applicable
Pre-permanency supports	1	2	3	4	5	N/A
Comprehensive assessment	1	2	3	4	5	N/A
Counseling services	1	2	3	4	5	N/A
24-hour telephone support	1	2	3	4	5	N/A
Crisis intervention	1	2	3	4	5	N/A
Support groups	1	2	3	4	5	N/A

⁸ Recommended survey items to collect.

Educational advocacy	1	2	3	4	5	N/A
Respite care	1	2	3	4	5	N/A

Follow-up Questionnaire

To be used at completion of services and (optionally) at periodic intervals during and after completing services, to identify children's and families' progress

Today's date _____

The information you provide in this form will help us to meet your needs. Please feel free to skip any question you do not want to answer.

A) Parents

PARENT 1 (Child's adoptive or guardianship parents/caregiver)	PARENT 2 (If applicable) (Another adult in your household who is an adoptive or guardianship parent OR who acts as child's parent)
How would you describe, in general, your <u>physical health</u> ? <input type="radio"/> Excellent (1) <input type="radio"/> Very good (2) <input type="radio"/> Good (3) <input type="radio"/> Fair (4) <input type="radio"/> Poor (5)	How would you describe, in general, this parent's <u>physical health</u> ? <input type="radio"/> Excellent (1) <input type="radio"/> Very good (2) <input type="radio"/> Good (3) <input type="radio"/> Fair (4) <input type="radio"/> Poor (5)
How would you describe, in general, your <u>mental and emotional health</u> ? <input type="radio"/> Excellent (1) <input type="radio"/> Very good (2) <input type="radio"/> Good (3) <input type="radio"/> Fair (4) <input type="radio"/> Poor (5)	How would you describe, in general, this parent's <u>mental and emotional health</u> ? <input type="radio"/> Excellent (1) <input type="radio"/> Very good (2) <input type="radio"/> Good (3) <input type="radio"/> Fair (4) <input type="radio"/> Poor (5)

Do you currently receive a monthly subsidy payment to help you meet your child's needs?

- Yes
- No
- I don't know

B) Family Relationships

How would you describe your relationship to your child? Please select one:

- Very warm and close (1)
- Somewhat warm and close (2)
- Somewhat distant (3)
- Very distant (4)

How would you describe your child's relationship with (if applicable) their other parent? Please select one:

- Very warm and close (1)
- Somewhat warm and close (2)
- Somewhat distant (3)
- Very distant (4)
- Not applicable (N/A)

How well can you and your child share ideas or talk about things that really matter? Please select one:

- Very well (1)
- Somewhat well (2)
- Not very well (3)
- Not well at all (4)
- Not applicable (e.g., child is too young or has a disability that prevents communication) (N/A)

C) Parenting and Services

Please check the appropriate box to indicate how true each statement is for you .	Not true at all	Not so true	Somewhat true	Very true	Extremely true
I feel confident in my ability to meet my child's mental health needs.	1	2	3	4	5
I feel confident in my ability to meet my child's physical needs.	1	2	3	4	5
I feel my family life is under control.	1	2	3	4	5

Please check the appropriate box to indicate how true each statement is for <u>you</u> .	Not true at all	Not so true	Somewhat true	Very true	Extremely true
I know where to go to get information to help me better understand my child.	1	2	3	4	5
I have a good understanding of the services available in my community to help my family.	1	2	3	4	5
I believe I can solve problems with my child when they happen.	1	2	3	4	5
I have a good understanding of my child's needs.	1	2	3	4	5
I feel that my family's needs for post-adoption/post-guardianship services are being met.	1	2	3	4	5

D) Parenting Stress

Please check the appropriate box to indicate how true each statement is for <u>you</u> .	Not true at all	Not so true	Somewhat true	Very true	Extremely true
I trust my child's future will turn out well.	1	2	3	4	5
I am giving up more of my life to meet my child's needs than I ever expected.	1	2	3	4	5
I often feel tired, worn out, or exhausted from raising a family.	1	2	3	4	5
I feel I am a good parent.	1	2	3	4	5

E) Social Support

Please check the appropriate box to indicate how true each statement is for you .	Not true at all	Not so true	Somewhat true	Very true	Extremely true
If I want or need to go somewhere for an <u>afternoon</u> or <u>evening</u> , I can find someone to watch my child(ren).	1	2	3	4	5
If I want or need to go somewhere <u>overnight</u> , I can find someone to watch my child(ren).	1	2	3	4	5
When I need help with problems in my family, I am able to ask for help from others.	1	2	3	4	5
I have friends or close acquaintances that have adopted children or children in guardianship families.	1	2	3	4	5
My child has friends or close acquaintances who were adopted or are in guardianship families.	1	2	3	4	5

F) Child Well-Being

Please check the appropriate box to indicate how true each statement is for your child .	Not true at all	Not so true	Somewhat True	Very true	Extremely true
Shows respect for teachers and neighbors	1	2	3	4	5
Gets along well with other children in my home	1	2	3	4	5
Is stubborn, sullen, or irritable	1	2	3	4	5
Tries to understand other people's feelings	1	2	3	4	5
Tries to resolve conflicts with classmates, family, or friends	1	2	3	4	5
Is unhappy, sad, or depressed	1	2	3	4	5

Please check the appropriate box to indicate how true each statement is for <u>your child</u> .	Not true at all	Not so true	Somewhat true	Very true	Extremely true
Might be a danger to themselves or be unable to keep themselves safe	1	2	3	4	5
Might be a danger to me or other family members	1	2	3	4	5
Feels excited about their future	1	2	3	4	5
Cares about doing well in school	1	2	3	4	5

G) Stability⁹

For a variety of reasons, children may spend time away from their families, sometimes in relation to challenges families are experiencing. This may or may not have occurred in your family.

Since you or your family began receiving post-permanency services, has your child ever stayed outside of the home for any of the following reasons? Please indicate all that apply.

- Psychological evaluation in hospital ER or crisis center
- Residential setting of any type for mental health reasons
- Foster care
- Runaway
- Respite care
- Prison, jail, or juvenile detention
- Parent(s) asked child to leave due to problems
- Other: _____

Does your child currently live or stay with either you or (if applicable) another adoptive or guardianship parent?

- Yes
- No
- I don't know

⁹ Recommended survey item to collect.

Do you think that your child will live with you until they grow up?

- Yes
- No
- I don't know

H) Education

Does your child have a health problem, condition, or disability for which they have any of the following? Please select all that apply.

- Individualized Education Plan (IEP)
- 504 plan
- Educational supports or accommodations
- None of the above
- I don't know

An IEP is a written, legally enforceable plan that lays out the special education instruction, supports, and services a student needs to thrive in school. IEPs are part of PreK–12 public education.

*A **504 plan** is a written document for how the school will support a student with a disability and remove barriers to learning. The goal is to give the student equal access at school.*

Do you feel that the current supports, services, educational approach, and/or school placement are adequate for your child to make educational progress?

- Yes
- No
- Don't know

I) Financial Stress

How would you characterize your family's financial status over the past 12 months? On a monthly basis, my family has (please select one):

- Not enough money for basics (housing, utilities, groceries, clothing, transportation, etc.) (1)
- Just enough money for basics (2)
- Some money left after basics (3)
- More than enough money left after basics (4)
- Prefer not to answer (no answer)

J) Satisfaction with Services¹⁰

For any services that you have received since enrolling in post-permanency services, how helpful did you find each one? Please check the corresponding box.	Extremely helpful	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful	Not applicable
Comprehensive assessment	1	2	3	4	5	N/A
Counseling services	1	2	3	4	5	N/A
24-hour telephone support	1	2	3	4	5	N/A
Crisis intervention	1	2	3	4	5	N/A
Support groups	1	2	3	4	5	N/A
Educational advocacy	1	2	3	4	5	N/A
Respite care	1	2	3	4	5	N/A

¹⁰ Recommended survey item to collect.