

Certified Respite Program- Foster Family Evaluation

Foster Family Name

Respite Provider Name

Dates and times respite was provided through

Was the respite care:

Planned?

Emergency?

Ages of children cared for

The children are birth, foster, adopted, kin?

Have you used this respite provider previously?

Yes
No

If this was your first time, did you have a pre-respite meeting?

Yes
No

Did the respite provider appear to have adequate training? If no, please explain.

Was the respite provider able to meet you child's needs? If no, please explain.

Were you satisfied with the respite care provided? If not, please explain.

Was your child satisfied with the respite care provided? If not, please explain.

Did the respite care meet your needs? If not, please explain.

Do you plan to use in-home respite care services again? If no, please explain.

Would you recommend the certified respite program to others? If no, please explain.

What aspects of certified respite care do you like the most?

Was there anything you do not like about the certified respite program?

How can we improve the certified respite program?

On a scale of 1 to 10 rate your average stress level in regards to caring for your foster/adoptive children. Explain. (1 being very low stress, 10 being extremely high stress)