

## Foster Parent Questionnaire

Name of Child(ren): \_\_\_\_\_ Board #: \_\_\_\_\_ Return by: \_\_\_/\_\_\_/\_\_\_

**If you have completed a Care Giver Information Form for the Court or for your Foster Care Specialist within the last 60 days, please attach a copy which can be used in place of completing this questionnaire.**

Do you feel that you received adequate background (medical/educational/behavioral/any other special needs) information on the child(ren) to meet his/her needs adequately?

Do you receive adequate communication and ongoing updates from the Case Manager regarding the progress of the child(ren)'s case? Please explain.

What services are currently being provided to the child(ren)? Do you feel the child(ren) are receiving the appropriate services? Are there any unmet needs for the child(ren)? Please explain.

Please provide a brief description of any positive/negative behaviors the child(ren) display.

How is the child(ren) doing in school and is his/her educational needs being met?

What are some of the favorite things that the child(ren) like to do? Do you feel that the child(ren) are receiving the appropriate services to engage in extracurricular activities? Please explain.

Has the Guardian ad litem visited with either you or the child(ren)? Is so, please explain.

Is there any other information that you believe is pertinent for the Board to consider regarding these child(ren)? Please feel free to add extra pages.

*What is reported in this questionnaire may be included in the local board's report to the legal parties to the case.*

*By the return of this document via email, your email serves in lieu of your signature.*

Form completed by: \_\_\_\_\_

Date completed: \_\_\_/\_\_\_/\_\_\_

**THANK YOU, PLEASE RETURN THIS FORM TO:**

Foster Care Review Office

521 S. 14<sup>th</sup> Street, Suite 401 Lincoln, NE 68508-2707

Fax (402) 471-4437 or E-mail to address of the Review Specialist listed on the invitation letter.