

YOUTH QUESTIONNAIRE

Name: _____ Board #: _____ Return by: ___/___/___

Thank you for taking the time and answering our questions about how you are doing and the care you are receiving. Your information will be included in our report to the Court.

Please return your questionnaire to the Foster Care Review Office - 521 S. 14th Ste. 401, Lincoln NE 68508 or fax it to (402) 471-4437 or email it to fcro.contact@nebraska.gov. Remember to send both pages.

What do you like about school?

What do you **not** like about school?

When do you get to spend time with your friends? What do you like to do with them?

What do you like to do for fun? Do you get time to do this?

What would you like to do when you are an adult?

What do you like about where you are living now?

What do you **not** like about where you are living now?

Do you see your mom and dad?

Do you see your brothers and sisters?

Do you see other members of your family?

Is there someone you want to see that you currently aren't able to?

Does your case manager let you know what is happening with your case?

Is there anything else you want to tell us about your case manager?

Have you met your Guardian ad Litem (attorney)?

Did they explain what they are supposed to do and ask for your wishes?

Is there anything else you would like the adults involved with your case to know?

Form completed by: _____

Date completed: ___/___/___