

## Participant Feedback Survey

Please check the box that best describes how you feel about DFS's Considered Removal Team Decision Making Meeting you participated in.

- Share your thoughts and feelings, whether good or bad
- Skip any question you don't want to answer

	<i>Agree</i>	<i>Disagree</i>	<i>Does not apply</i>
1. I understood the purpose of the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DFS was flexible in scheduling the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I received information about the meeting process and my role prior to attending the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. People important in planning for the children were invited to attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt comfortable speaking up and my opinions mattered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The family's strengths and successes were recognized and discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am better able to understand the safety concerns regarding the child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was part of the decision-making and planning for the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The plan developed at the meeting was clear and I understand the next steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I was satisfied with how the meeting as run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have additional comments or is there anything else DFS could have done differently?

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**Thank You!!!!**