

York County & City of Poquoson CSA Follow-up Family FAPT Process Satisfaction Survey

The York County and City of Poquoson FAPT is assessing our meeting process through various means including feedback from participants. Please complete this form at your earliest convenience and send a copy to the York CSA Coordinator via fax at 757-890-3934, or email to Tammy Becoat-Eclou at tammy.eclou@yorkcounty.gov or in person at the next FAPT meeting.

Case Manager Name: _____

Family Name (optional): _____

Date of most recent FAPT: _____

EVALUATION OF SERVICE PROVIDER: Rate the quality of the service provider below by placing an "x" under the appropriate column rating.

Use a scale of 1 to 5 (1= strongly disagree; 2= disagree; 3= neutral; 4= agree; 5= strongly agree; n/a = not applicable).

SERVICE MEASURE	Rating for Provider					
	1	2	3	4	5	n/a
I have been included in all FAPT meetings concerning my family						
I was informed of the time and place of the FAPT meeting in a timely and appropriate manner						
The FAPT meeting was held at a time that fit my schedule						
I received a signed copy of my Individual Family Service Plan						
During the meeting I was given adequate opportunity to express the needs of my family and/or child						
I felt that the team actively listened to my concerns and included me in the development of my child's service plan						
The FAPT members showed respect and sensitivity to the needs of my child and family						
My case manager included me in the development of the case review report that was presented during the FAPT meeting.						
My case manager is timely and responsive to my telephone calls, concerns and service requests.						
My case manager has contacted me often enough to be knowledgeable of my family & child's service needs.						

Comments:

Do you want to be contacted regarding this survey? Yes, Phone# _____
 No