

**ANNUAL ASSESSMENT BY FOSTER FAMILY
OF LUCAS COUNTY CHILDREN SERVICES**

FOSTER FAMILY NAME: _____

ADDRESS: _____ DATE: _____

FOSTER CARE CASEWORKER: _____

NAME OF PERSON COMPLETING FORM: _____

1. Do you feel your present foster child(ren) are appropriately placed with your family?
If not please state reasons:

2. Have you felt a sense of accomplishment during the past year as foster parents?
If not please state reasons:

3. Has your experience in foster care measured up to what you expected?
If not please state reasons:

4. Do you feel important information about the foster child(ren) is shared with you?
If not please state reasons:

10. Have your phone calls been satisfactorily returned?
If NO, specify?

11. Have there been any problems and/or concerns with staff from Lucas County Children Services during the past year?
If YES, what?

If you had any problems, how did you solve them? _____

12. Are there any areas of services which you find to be particularly beneficial to you as a foster family?
Please comment

13. Are there any areas in which you could benefit from additional services by Lucas County Children Services?
If YES, what?

14. What education and training opportunities would you like to have made available to you?

15. Would you be willing to talk to prospective or new foster parents about your experience as a foster parent?

16. Would you be willing to act as a buddy to a new foster family?

Signature – Foster Caregiver
(date)

Signature – Foster Caregiver
(date)

*This form is to be completed by the foster parents at the time of yearly recertification or at the time of voluntary withdrawals. Your comments are extremely important to staff of Lucas County Children Services, as we need to constantly evaluate ourselves and find ways to improve the quality of services for children in foster care. Thank you.