

MFC Foster Parent Survey

Date: _____

Child's Name: _____

	Always	Mostly	Sometimes*	Never*	N/A	Comments
Did the MFC program meet your child's needs?						
Were MFC services scheduled during a time that is convenient for you?						
Did the MFC staff answer your questions?						
Was the medical/care information given to you easy to understand?						
Were you able to use the information you were given?						
Did MFC staff treat you politely?						
Is the MFC staff knowledgeable?						
Did you feel like a full partner in decision making with your MFC staff?						
	Excellent	Good	Poor	Unsatisfactory		
Overall, how would you rate your satisfaction with your MFC nurse?						
Overall, how would you rate your satisfaction with your MFC social worker?						
How would you rate your overall satisfaction with the MFC services that you have received?						

*Please clarify any answers of sometimes, never, poor, or unsatisfactory.

Date returned: _____