

Partnership for Children in Out-of-Home Care INVESTIGATOR REVIEW OF FOSTER PARENT

The purpose of this review is to obtain your feedback on how your Foster Parent has fulfilled the Partnership Plan. It should be completed when the case is transferred, but not later than two weeks from the placement.

Name - Foster Parent(s) /Agency

Date

Child(ren)'s Name

DOB

The above named child(ren) was recently placed in this foster home, and your input is needed to assess the quality of care and consistency with the Partnership Plan. Your responses are important for the ongoing assessment and development of the foster family and successful implementation of the Partnership Plan.

Please rate the following: 1 – No; 2 – Yes; N/A – Not Applicable; Don't Know

Provide comment(s) to the extent possible as this will be helpful.

The Foster Parent(s):

1. Were available at the time you had arranged.

Comments: _____

1 – No

2 – Yes

N/A – Not Applicable

Don't Know

2. Upon arrival, welcomed the child into their home by attending to the child's physical and emotional needs and comforted the child.

Comments: _____

1 – No

2 – Yes

N/A – Not Applicable

Don't Know

3. Had a clean and safe home.

Comments: _____

1 – No

2 – Yes

N/A – Not Applicable

Don't Know

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4. Asked meaningful questions about the child.

- 1 – No
- 2 – Yes
- 3 – N/A – Not Applicable
- Don't Know

Comments: _____

5. Seemed comfortable in dealing with diversity.

- 1 – No
- 2 – Yes
- 3 – N/A – Not Applicable
- Don't know

Comments: _____

6. Did you have any concerns about placing the child in this home? Please elaborate.

- 1 – No
- 2 – Yes
- 3 – N/A – Not Applicable
- Don't know

Comments: _____

Investigator, Agency Date

Investigator, Agency Date