

**Campbell County
Children's Services Act (CSA)
Family Assessment & Planning Team (FAPT)/Family Partnership Meeting (FPM)
Satisfaction Survey**

Please complete the survey concerning your recent FAPT or FPM experience and return to the CSA office or mail to the address below.

Circle the answer which accurately describes your interaction with the Team.
If you select "NO", please provide a brief explanation for your answer.

Child's Age: _____

Your Relationship to Child: _____

Did you feel you were treated with dignity and respect?	YES	NO	UNSURE
Did you feel you were encouraged to share your thoughts on your child or children?	YES	NO	UNSURE
Did you feel you were encouraged to share your family's strengths and needs?	YES	NO	UNSURE
Did you feel supported by the members when you shared your information?	YES	NO	UNSURE
Do you believe the plan developed will help you and your family?	YES	NO	UNSURE

Explanations and/or Comments: _____

Thank you for your time and feedback. If you have any questions, please contact:

**Irene Williams, Program Manager
(434) 332-9788**

P.O. Box 100 Rustburg, VA 24588