State of Illinois Department of Children and Family Services

ADMINISTRATIVE CASE REVIEW SATISFACTION SURVEY

Reviewer Name:						Date of ACR					
(Please mark <u>only one</u> category)											
	Iothe					Worker - DCFS					
Fa						Worker - Private Agency the Child/Family					
						Supervisor - DCFS					
						Supervisor - Private Agency					
1 = Yes 2 = Mostly Yes 3 = Mostly No 4 = No 5 = Not Applicable Circle the number that best reflects your opinion:											
1)	1	2	3	4	5	Have you ever attended an Administrative case review before today?					
2)	1	2	3	4	5	Were you informed of and encouraged to attend the Administrative Case Review?					
3)	1	2	3	4	5	Did you participate in the development of the Service Plan (prior to the ACR)?					
4)	1	2	3	4	5	Was the scheduled time of the review convenient for you?					
5)	1	2	3	4	5	Was there an introduction of all participants and their role at the review?					
6)	1	2	3	4	5	Did the Case Reviewer ensure that the purpose of the Administrative Case Review was explained clearly?					
7)	1	2	3	4	5	Was the Case Reviewer knowledgeable about Rule and Procedure as it applied to the case under review?					
8)						Please tell us how you were treated by the Reviewer (a thru f below)					
a)	1	2	3	4	5	With Respect					
b)	1	2	3	4	5	Made me feel comfortable					
c)	1	2	3	4	5	Asked me questions					
d)	1	2	3	4	5	Listened to my answers					
e)	1	2	3	4	5	Made me feel a part of the review					
f)	1	2	3	4	5	Allowed me to ask questions					
9)	1	2	3	4	5	Did the Administrative Case Review begin on time? If no, was it due to : (a thru c below)					
a)	1	2	3	4	5	The Case Reviewer was late					
b)	1	2	3	4	5	Previous case review ran past allotted time					
c)	1	2	3	4	5	Waiting for other participants					
10)	1	2	3	4	5	If conflicts were identified, was there a process developed to resolve them?					
11)	1	2	3	4	5	Do you think there were individual differences that affected communication between the Case Reviewer and the participants?					
12)	1	2	3	4	5	Do you think there were cultural barriers that affected communication between the Case Reviewer and the participants?					
13)	1	2	3	4	5	Were you comfortable expressing your opinions?					
14)	1	2	3	4	5	Do you think the Administrative Case Reviewer could have been more thorough? If yes please provide your reasons in the comment section below.					

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15)	1	2	3	4	5	Do you feel more time was needed to discuss issues pertaining to the portion of the review in which you participated?			
16)	1	2	3	4	5	At the end of the Administrative Case Review, did the Case Reviewer summarize what had occurred?			
17)	1	2	3	4	5	Did the Case Reviewer inform you of your right to appeal?			
18)						At the conclusion of the ACR, did you have a clear understanding of the actions needed to ensure: (a thru c below)			
a)	1	2	3	4	5	The safety of the child(ren)			
b)	1	2	3	4	5	The permanency of the child(ren)			
c)	1	2	3	4	5	The well being of the child(ren)			
19)						Please indicate (circle) how long the review took: a.) 30 minutes or less b.) 60 minutes or less c.) 90 minutes or less d.) Over 90 minutes			
20)	1	2	3	4	5	At the end of the Administrative Case Review did you understand what you needed to do to achieve permanency for the children?			
21)	1	2	3	4	5	During the Administrative Case Review did the Case Reviewer state areas that would be included in the feedback?			
22)	What did you find helpful about the ACR process? What did you find least helpful about the ACR process?								
Do you have any suggestions for improving ACR? 24) COMMENTS: Please indicate the number of the question you are commenting on.									
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