**Evaluation and Treatment: Psychological and Treatment Services**

**Caseworker Satisfaction Survey Questionnaire**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
| 1. I was satisfied with the efforts the Contractor made to schedule appointment(s). The Contractor was flexible in scheduling to accommodate clients' school/work/personal commitments. |  |  |  |  |  |
| 1. Contractor initiated services within 10 business days of DFPS providing the 2054 and referral or within the requested timeframe if an emergency situation. |  |  |  |  |  |
| 1. The initial report (i.e., Psychological Testing Report; Psychosocial Assessment; or any other written report requested by DFPS) was individualized, complete, and useful in the development of the client service plan, for making case decisions and/or for use in court. |  |  |  |  |  |
| 1. If client was referred for ongoing treatment, monthly progress reports were submitted by the 10th business day of the month following the month of service. |  |  |  |  |  |
| 1. If client was referred for ongoing treatment, monthly progress reports were individualized, with sufficient detail to support the client's progress, or lack thereof, in meeting CPS goals and were useful in making decisions and/or for use in court. |  |  |  |  |  |
| 1. All reports/summaries were typewritten and understandable. |  |  |  |  |  |
| 1. Contractor provided clients with at least 24 hour notification of a canceled appointment. |  |  |  |  |  |
| 1. Contractor offered appropriate translation or interpreter services. |  |  |  |  |  |
| 1. Contractor treated client(s) with respect and cultural sensitivity. |  |  |  |  |  |
| 1. Contractor was prepared and willing to appear in court; and testimony was consistent with information reported to DFPS. |  |  |  |  |  |
| 1. I would recommend this Contractor to other DFPS Caseworkers. |  |  |  |  |  |
| Comments | | | | | |