

CASE MANAGER FEEDBACK FORM For FAPT PROVIDER SERVICES

FAPT Case Managers are asked to fill out this brief survey regarding current experiences with your FAPT Service Providers.

Your Agency (circle one): CS CSU DSS EDU

SERVICE PROVIDER/VENDOR NAME: _____

CASE MANAGER NAME _____ DATE _____

EVALUATION OF SERVICE PROVIDER: Rate the quality of the service provider below. Use a scale of 1 to 5 (1= poor; 2= fair; 3= good; 4= excellent; 5= superior), (n/a = not applicable).

Evaluate all service measures by placing an "x" under the appropriate column rating:

Rating for Provider

PROVIDER SERVICE MEASURE	1	2	3	4	5	n/a
Demonstrates the ability to assess youth's strengths and service needs						
Demonstrates the ability to assess family's strengths and service needs						
Timeliness providing appropriate educational services to youth						
Timeliness providing therapy/parenting services to family						
Timeliness in providing monthly reports to case manager						
Successfully engages youth in treatment process						
Successfully engages youth's family in treatment process						
Delivers services in a professional & competent manner to the youth						
Delivers services in a professional & competent manner to the youth's family						
Coordinates service adjustments with case manager						
Responds appropriately to case manager's requests and directions						
Coordinates end-of-service planning with next provider & family						
Prepares family members to maintain success after end-of-service						

* Please feel free to include comments on the above measures or on other issues concerning the youth, guardian/family and/or provider:

CASE MANAGER FEEDBACK FORM
For FAPT PROVIDER SERVICES