

## ICEBREAKER MEETING EVALUATION FORM

Please indicate if you are a:

Birth parent/Prior Caregiver: \_\_\_\_\_ Foster parent: \_\_\_\_\_  
Other (please list role) \_\_\_\_\_

Please give a numeric score to the following 6 questions.

- 1= Strongly disagree
- 2= Disagree
- 3= Somewhat agree
- 4= Agree
- 5= Strongly Agree

1. The Meeting I attended provided me with helpful information. Score \_\_\_\_\_
2. I had a chance to share information. Score \_\_\_\_\_
3. The meeting was focused on the child. Score \_\_\_\_\_
4. The meeting lessened any anxiety/uncertainty I may have had. Score \_\_\_\_\_
5. My questions, if I had any, were answered, for the most part. Score \_\_\_\_\_
6. Icebreaker meetings are generally helpful. Score \_\_\_\_\_

Attending:

- Birth parent  Yes  No If not, why? \_\_\_\_\_
- Social worker  Yes  No If not, why? \_\_\_\_\_
- Foster parent  Yes  No If not, why? \_\_\_\_\_
- Therapeutic Case Manager  Yes  No If not, why? \_\_\_\_\_
- Human Services Assistant  Yes  No If not, why? \_\_\_\_\_
- Residential Case Manager/Therapist  Yes  No If not, why? \_\_\_\_\_

Did at least one (1) child in care attend the Icebreaker meeting?  Yes  No

If yes, please indicate the number of children for each age group

Ages: 0-5 \_\_\_\_\_ 6-10 \_\_\_\_\_ 11-15 \_\_\_\_\_ 16-18 \_\_\_\_\_

General Comments:

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