



Perception of Advocacy Survey

Legal Aid of West Virginia, Inc., is committed to providing quality services to children and families. In order to maintain our standards, and continue to improve our practices, we ask that you take a moment of your time to rate our program. We are interested in your honest opinion. Your answers are confidential and will not influence your services. Please indicate if you **strongly agree, agree, disagree, or strongly disagree** with each of the following statements.

- | | | | | |
|--|----------------|-------|----------|-------------------|
| 1. Overall, I am satisfied with the quality of the services I received. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 2. The advocates were courteous and respectful. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 3. The advocates seemed knowledgeable about my rights. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 4. If I were to seek help again, I would come back to the FAST program. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 5. The services I received helped me deal more effectively with my challenges. | Strongly Agree | Agree | Disagree | Strongly Disagree |

Please answer the following questions to let us know how your child is doing.

1. In which of the following does your child currently live?
- | | |
|---|--|
| <input type="checkbox"/> With one or both parents | <input type="checkbox"/> Group Residential Treatment Facility |
| <input type="checkbox"/> Psychiatric Residential Treatment Facility | <input type="checkbox"/> Children’s Shelter Care/Crisis Respite |
| <input type="checkbox"/> With another family member | <input type="checkbox"/> Psychiatric Hospital/Acute Care |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Juvenile Detention/Correctional Facility |
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Out of State Residential Treatment Facility |
| <input type="checkbox"/> Other | |

2. In which of the following services systems is your child involved in:
- | | |
|--|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Education |
| <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Family/Youth Support Services | <input type="checkbox"/> Vocational or Recreational Services |

3. Is your child in the custody of DHHR? Yes No

4. **In the last 6 months**, did your child see a medical doctor (or nurse) for a routine physical or health check-up? Yes No

5. Did you child have more than **six unexcused absences** during the last school semester? Yes No
 If so, please explain why _____

6. **In the previous school year**, was your child promoted to the next grade level? Yes No
 If not, please explain why _____

7. When working with the FAST program, which of the following services did you receive?

- | | |
|---|---|
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Advocacy/Support |
| <input type="checkbox"/> Training | <input type="checkbox"/> Linkage & Referral (such as single phone call) |

Optional

Would you care to disclose the name of the person you worked with? _____

Would you care to disclose your home county? _____

Please give any suggestions, comments, or criticism that you think will be helpful to us:
