**Emotional Permanency Instrument**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Respondent note: select the completion time period*** (**circle one**)

 **Baseline** **Follow-Up**

As the facilitator of ***[insert child/youth’s name here]*** Care Coordination Team, we are interested in your assessment of his/her level of achieved permanency. Please look at the following answer choices and indicate your level of agreement with the following statements. ***[Place a check in the appropriate box]***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | N/A |
| While in foster care, ***[insert child/youth’s name here]*** has connected or re-connected with relatives or caring adults who will be lifelong supportive connections |  |  |  |  |  |  |
| An adult has made a commitment to provide a permanent, parent-like relationship to ***[insert child/youth’s name here]***.  |  |  |  |  |  |  |
|  ***[insert child/youth’s name here]*** is living with an adult who has or plans to adopt him/her or become his/her legal guardian |  |  |  |  |  |  |