OMB Control Number: 0970-0401 Expiration: 05/31/2018

Resolution Meeting Questionnaire

Thank you for participating in the Resolution Meeting. Please take a few minutes to complete this questionnaire. Completing this survey is voluntary and answers will be kept confidential. Please circle the response that represents how you feel about this resolution meeting. Your answers will help us improve services for all parents and caretakers. **Thank you** for taking the time to fill this out!

1)	The m	neeting was helpful t	o me.			
2)	The	Strongly Agree	Agree	Disagree	Strongly Disagree	length of
		eeting was:				iongin or
		Too Short	Appropriate	Too Long		
3)	All of	my concerns were a	ddressed during th	e meeting.		
4)	The	Strongly Agree	Agree	Disagree	Strongly Disagree	child
ŕ	suppo	support specialist/paralegal did not choose a side during the meeting, remaining neu				
5)	The	Strongly Agree	Agree	Disagree	Strongly Disagree	resolution meeting was fair.
		Strongly Agree	Agree	Disagree	Strongly Disagree	
6)	I unde	erstand what the nex	kt steps are.			
		Strongly Agree	Agree	Disagree	Strongly Disagree	

Comments?