

Project MATCH: Alternative Caregiver Training Program Feedback Form Care Provider

Thank you for your recent participation in the Project MATCH ACT: Alternative Caregiver Training Program and thank you for your recent decision to become a foster/adoptive parent. Please take a moment and share your experience with us. Your honest feedback can help us make future changes to the program. Please be aware that this information may be shared with your foster care worker. If you have any questions about this survey please contact Jessica Morris at jessicamorris@uky.edu or (859) 257-5345. If you have additional questions about Project MATCH contact Mike Grimes at mike.grimes@ky.gov or (502) 564-2147 ext. 4486. Thank you in advance for your time!

Please provide the following information:

Your full name	<input type="text"/>
Seasoned parent's full name	<input type="text"/>
Date of care giving activity	<input type="text"/>
Number of hours completed	<input type="text"/>
Age(s) of child(ren)	<input type="text"/>
County of your residence	<input type="text"/>

1. Please describe your thoughts and emotions prior to providing care (ex. nervous, excited, etc.)

2. Did you develop a plan prior to the child's arrival?

- Yes
- No

Please explain your answer to the previous question.

3. Describe the child's behaviors and your interaction with the child.

4. Did you feel equipped to handle the child's needs?

- Yes
- No

Please explain your answer to the previous question.

5. Please describe the child's behaviors upon return to your home.

6. Do you feel your respite experience has helped to better prepare you in your role as a foster parent?

- Yes
- No

Please explain your answer to the previous question.

7. Did you provide care for a child(ren) outside of your acceptance criteria?

- Yes

No

Please explain your answer to the previous question.

8. Did your respite experience meet your thoughts or expectations about caring for children in out-of-home care?

Yes

No

Please explain your answer to the previous question.

8. How satisfied were you with your experience with the ACT Program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied

Please explain your answer to the previous question

9. Do you have any thoughts or recommendations that you would like to share about your respite experience?

10. Are there any issues or concerns that you would like to report in regards to your experience?

- Yes
- No

Please explain your response to the previous question.