# LOGO: Texas Department of Family and Protective ServicesPost Adoption Services Questionnaire (PASQ)

**Child Protective Services - Purchased Client Services**

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: (**NOT REQUIRED**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_

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We value your feedback. Thank you for completing the Questionnaire.

Purpose: The purpose of this questionnaire is to obtain feedback about the quality of services provided by the Post Adoption contractor. In April of each year, the contractor will provide this questionnaire to all families who received Post Adoption services within the current contract year.

Directions: Please check one response for each statement. If a statement does not apply to you, please check "NA". We will keep your answers confidential. Please return your finished questionnaire in the enclosed self-addressed envelope or by email to (*Contractor to insert email address*).

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| --- | --- | --- | --- | --- | --- |
| Check one response for each statement | Strongly Agree | Agree | Disagree | Strongly Disagree | NA |
| 1. Post-Adoption Services helped us identify our needs and address our adjustment to adoption. |  |  |  |  |  |
| 1. We were able to call agency staff during regular business hours as well as after hours for emergencies. |  |  |  |  |  |
| 1. After we gave the contractor our completed application packet, my family received a Service Plan within 30 days. |  |  |  |  |  |
| 1. The contractor provided or referred us to the services and resources we needed. |  |  |  |  |  |
| 1. We felt safe going to and from the place(s) where services were provided, and we felt safe while in attendance. |  |  |  |  |  |
| 1. The Service Plan was sensitive to and respectful of our family's adoption needs. |  |  |  |  |  |
| 1. We received services for a sufficient amount of time to make progress on our needs related to adoption. |  |  |  |  |  |
| 1. We received services or referrals for the adoption-related issues we wanted to address. |  |  |  |  |  |
| 1. The services we received helped my family remain together. |  |  |  |  |  |
| 1. The services we received helped us understand and cope with our child(ren)'s history of trauma and any resulting behavioral or emotional needs. |  |  |  |  |  |
| 1. The services we received helped improve my child(ren)'s educational needs. |  |  |  |  |  |

Comments: If any of your answers are “Disagree” or Strongly Disagree” please explain. (Please Use the back if more space is needed.)