



FINAL SERVICE SURVEY - FAMILY

Please think about your entire experience while your child was at Oregon Youth Authority (OYA) and choose the best answer to indicate your response to each statement. When we talk about staff member in this survey, we are talking about any adult assigned by OYA to work with or help OYA youth. Staff members work or volunteer in facilities, parole and probation offices, residential programs, proctor homes and foster homes and include treatment providers.

While my child was at OYA,	YES	NO
My child spent time in a youth correctional facility.		
My child spent time in a youth residential treatment program or proctor home.		
My child spent time in a foster home.		

While my child was with OYA,		YES	NO
1.	The services my child received will help my child to live crime-free.	<input type="checkbox"/>	<input type="checkbox"/>
2.	My child was provided services by OYA that helped my child to prepare for living in the community.	<input type="checkbox"/>	<input type="checkbox"/>
3.	My child's case plan included goals for services that were important to me.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Staff helped my child get the services my child needed.	<input type="checkbox"/>	<input type="checkbox"/>
5.	My child received the treatment that my child needed, such as drug and alcohol, anger management, sex offender, etc.	<input type="checkbox"/>	<input type="checkbox"/>
6.	If your child is required to register as a sex offender, staff provided those instructions to your child. My child is not required: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Staff answered my questions in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>
8.	The services my child received fit in with my child's cultural beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
9.	I was treated with respect.	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the following items:		Excellent	Good	Fair	Poor	Don't Know
10.	How do you rate the timeliness of the services provided by OYA?	<input type="checkbox"/>				
11.	How do you rate the ability of OYA to provide services correctly the first time?	<input type="checkbox"/>				
12.	How do you rate the helpfulness of OYA employees?	<input type="checkbox"/>				
13.	How do you rate the knowledge and expertise of OYA employees?	<input type="checkbox"/>				
14.	How do you rate the availability of information at OYA?	<input type="checkbox"/>				
15.	How do you rate the overall quality of service provided by OYA?	<input type="checkbox"/>				

Statistical Information:

(NOTE: This information is voluntary and you do NOT have to answer these questions.)

- How old is your child today? (please write age in years in the box)

- What is your child's sex/gender? (please circle one): Male Female

- What is your child's primary race/ethnicity? *(Please check one only.)*
 African American Asian Caucasian Hispanic Native American

Additional Comments:

Thank you for completing and returning this survey in the envelope provided as soon as possible.