

Fresno County Ice Breaker Meeting Pilot Project

Meeting Evaluation

Please indicate if you are a:

Foster parent _____ Birth Parent(s)_____

Please give a numeric score to the following 6 questions.

- 1= Strongly disagree
- 2= Disagree
- 3= Somewhat agree
- 4= Agree
- 5= Strongly Agree

1. The Ice Breaker Meeting I attended provided me with helpful information. Score_____
2. I had a chance to share information. Score_____
3. The meeting was focused on the child in my care/my child (if birth parent). Score_____
4. The Ice Breaker lessened any anxiety/uncertainty I may have had. Score_____
5. My questions, if I had any, were answered, for the most part. Score_____
6. Ice Breaker meetings are generally helpful. Score_____

Attending:

Birth parent	Yes	No	If not, why?_____
Social worker	Yes	No	If not, why?_____
Foster parent	Yes	No	If not, why?_____

Did at least one (1) child in care attend the Icebreaker meeting? Yes No

If yes, Please indicate the number of children for each age group

Ages: 0-5_____ 6-10_____ 11-15_____ 16-18_____

General Comments: