**EVALUATION AND TREATMENT PSYCHIATRIC SERVICES**

Caseworker Satisfaction Survey Questionnaire

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
| 1. Contractor provided services within 10 business days of DFPS' providing the 2054 and referral information or within the requested timeframe if an emergency situation. |  |  |  |  |  |
| 1. Contractor provided DFPS Caseworker with the written Evaluation Report within 10 business days from initial appointment or within the requested timeframe if an emergency situation. |  |  |  |  |  |
| 1. The Evaluation Report was individualized, complete, and helpful in making case management decisions and/or for use in court. |  |  |  |  |  |
| 1. If applicable, the Contractor offered appropriate translation and/or interpreter services. |  |  |  |  |  |
| 1. The Evaluation Report was legible and comprehensible to someone other than the author. |  |  |  |  |  |
| 1. If applicable, Diagnostic Consultation was provided as requested. |  |  |  |  |  |
| 1. Contractor was prepared and willing to appear in court if requested; and testimony was consistent with any information reported to DFPS. |  |  |  |  |  |
| 1. The Contractor treated client with respect and cultural sensitivity. |  |  |  |  |  |
| 1. I would recommend this Contractor to other DFPS Caseworkers. |  |  |  |  |  |
| Comments | | | | | |