



DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD PROTECTION SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605-773-3227
FAX: 605-773-6834
WEB: dss.sd.gov

Dear :

The Department of Social Services Division of Child Protection Services would like to thank you for caring for South Dakota's children.

As a former part of the foster care team your input is very important to the continuing care of children.

In an effort to assist the Department in recruiting and retaining foster families we ask that you complete this questionnaire, and return it to this office. If you would prefer to complete it online and send it via e-mail, you may access it on your computer at the following e-mail address:
<http://dss.sd.gov/formspubs/docs/ADOPFOSTER/fosterparenteval.pdf>

Thank you for your time in completing this questionnaire.

Sincerely,

A handwritten signature in cursive script that reads 'Virgena Wieseler'.

Virgena Wieseler
Division Director

Enclosure

DSS-CP-566 01/08

FOSTER PARENT EVALUATION OF CPS

1. What was most satisfying about being a foster parent?
2. Was foster parenting what you expected? Why or why not?
3. Would you consider providing foster care in the future? Why or why not?
4. Is there a family you would suggest that you feel would be interested in providing foster care?
5. If you could make any changes in the foster care system, what would they be?
6. Did any of the following reasons contribute to you leaving the foster care system?
Indicate yes or no and explain.

Liability issues _____.

Reimbursement not adequate to cover expenses of child _____.

Need for day care _____.

Separating from the child was too difficult for our family _____.

Changes in jobs, life styles (married, divorced) health, moved, advancing age _____.

Adopted/birthed a child and need to devote time to her/him _____.

Disillusionment with the system in general _____.

Lack of Agency (social worker, licensing worker, training, lack of adequate contacts, personality conflict) support when dealing with the children _____.

Need time to be with our own immediate family _____.

Feel we have completed our obligation to helping others _____.

Lack of placements _____.

Overloading home on a regular basis _____.

What was your greatest problem being a foster parent?

Other (Please specify)

Would you like for us to call and visit you about your former role in the Foster Care System?

_____ _____
YES NO

If you indicate yes, please give your name and phone number.
