

Foster Care Review System Assessment Tools

FCRB Board Member Assessment

Please complete this anonymous survey to assess your experience with the Foster Care Review Board. Thank you in advance for your time and participation.

1. Please select the county in which you serve on a Board.

[Click here to enter text.](#)

2. What is your Board number?

[Click here to enter text.](#)

3. Why do you volunteer with the FCRB?

[Click here to enter text.](#)

4. What do you gain from being a Board Member?

[Click here to enter text.](#)

5. What is your understanding of the purpose of the FCRB in the Dependency Process?

[Click here to enter text.](#)

6. What are the challenges you face in complying with the annual training requirements?

Online training courses inadequate

Not enough classes/workshops offered

Dates and time conflict with my personal schedule

Unaware of what the annual training requirements are

I do not have challenges complying with the annual training requirements

Other (please describe) [Click here to enter text.](#)

7. What are barriers you face in complying with the annual attendance requirements?

Dates and time conflict with my personal schedule

Family responsibilities

Work responsibilities

Illness

Interpersonal conflict with other board members/Program Specialist

I do not face any barriers complying with the annual attendance requirements

Other (please describe) [Click here to enter text.](#)

8. Are there things that prevent you from thoroughly preparing for case reviews?

Yes No

If yes, please describe: [Click here to enter text.](#)

9. What does it mean to you to be assigned as a "Lead Questioner" on a case?

[Click here to enter text.](#)

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10. How often do you prepare questions on cases in which you are NOT the “Lead Questioner”?
Always Usually Sometimes Never
11. How often do you arrive on time to participate in Administrative Business/Case Document review as listed on your schedule?
Always Usually Sometimes Never
[Click here to enter text.](#)
12. How do you strive to make parents, children, case managers and other participants comfortable in the review setting?
[Click here to enter text.](#)
13. Do you understand the protocols for case introduction and case conclusion? Yes No
14. How often do you feel comfortable asking questions and making recommendations at the time of the review?
Always Usually Sometimes Never
15. Do you feel your Program Specialist is a resource to you?
 Yes
 No
If no, please describe [Click here to enter text.](#)
16. Do you understand the intent of each of the Findings and Elements?
Always Usually Sometimes Never
If sometimes/never, please describe: [Click here to enter text.](#)
17. Describe how your demeanor demonstrates a respectful, non-judgmental attitude and approach during the case review process?
[Click here to enter text.](#)
18. How do you conduct yourself when a majority of the Board members disagree with your assessment of the case?
[Click here to enter text.](#)
19. How do you feel when you receive redirection from other Board members and/or the Program Specialist?
[Click here to enter text.](#)
20. How do you utilize Findings and Elements to formulate concerns/comments/recommendations?
[Click here to enter text.](#)
21. What expertise, experience or perspectives do you contribute to the Board?
[Click here to enter text.](#)
22. How can the FCRB Program assist you in becoming a more effective Board member?

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Click here to enter text.

23. Please list any additional feedback or information.

Click here to enter text.