

# Leavenworth County Multi-Disciplinary Child Protection Team

## Satisfaction Survey

Thank you for your referral to the Leavenworth County Multi-Disciplinary Child Protection Team. In order to serve the community more effectively, please take a few minutes to complete this survey and return in it the enclosed envelope to CASA.

Name of Client Referred \_\_\_\_\_  
Date of Client's Birth \_\_\_\_\_ Gender of Client \_\_\_\_\_  
Name of Referring Party \_\_\_\_\_  
Date of Referral \_\_\_\_\_

**Reason for Referral:**

**Help you were seeking:**

- 1. Did the Team communicate with you promptly following your referral?**
- 2. Were you kept informed during the Team process while the case was open?**
- 3. Are you satisfied with the recommendations made by the Team?**
- 4. To your knowledge has progress been made by the youth or family as a result of this process?**
- 5. Suggestions for improving the Multi-Disciplinary Team process:**

Please return your completed survey in the enclosed envelope. CASA, 100 s. 5<sup>th</sup> Street, Leavenworth, KS 66048.

