

Peer Support Service (PSS) – On-Call Support Evaluation Form

To assist in strengthening the Peer Support Service of the Federation of Foster Families of Nova Scotia, please complete the following questions:

Which Peer Support Service did you receive? One-on-One On-Call On what date? _____

I found my interaction with the Peer Support Volunteer helpful.

Strongly disagree Disagree Neutral Agree Strongly agree
 1 2 3 4 5 6 7 8 9 10

The Peer Support Volunteer listened to me in a manner that made me feel respected and supported.

Strongly disagree Disagree Neutral Agree Strongly agree
 1 2 3 4 5 6 7 8 9 10

The Peer Support Volunteer offered me helpful information, useful suggestions, and/or additional resources.

Strongly disagree Disagree Neutral Agree Strongly agree
 1 2 3 4 5 6 7 8 9 10

My feelings about things have improved because of my interaction with the Peer Support Volunteer.

Strongly disagree Disagree Neutral Agree Strongly agree
 1 2 3 4 5 6 7 8 9 10

I would recommend this Peer Support Service to another foster parent.

Strongly disagree Disagree Neutral Agree Strongly agree
 1 2 3 4 5 6 7 8 9 10

Additional Comments:

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Demographic Information:

What is your gender identity? Man Woman another gender identity, please specify: _____

Indicate age range: 18 – 25 26 – 35 36 – 45 46 – 55 56 – 65 66+

Select one or more: General Foster Parent (FP) Kinship FP Contract FP Single FP

How long have you been a foster parent? _____

Do you identify as an individual who experiences discrimination based on:

(dis)Ability Sexuality / Gender Identity Race Religion Other: _____

Please indicate which identify applied to you (select one or more):

Mi'kmaq African Nova Scotian Acadian Celtic/Gaelic Other: _____

Language(s) spoken: _____