

# Peer Support Service (PSS) – One-on-One Support Evaluation Form

Date: \_\_\_\_\_

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

**Are you completing this survey:**     At the beginning of your Peer Support Partnership?     At the conclusion of your Peer Support Partnership?

I can identify resources related to my role as a foster parent.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

I know who to call when I need information or clarification related to my role as a foster parent.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

I know who to call when I need emotional support or encouragement related to my role as a foster parent.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

I feel comfortable asking for information and/or clarification from the staff/social workers at Department of Community Services (DCS), Mi'kmaw Family & Children's Services (MFCS), and/or the Federation of Foster Families of Nova Scotia (FFFNS).

Strongly disagree	Disagree	Neutral	Agree	Strongly agree					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

I feel comfortable seeking emotional support and/or encouragement from staff/social workers at DCS, MFCS and/or FFFNS.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

I understand the difference between DCS, MFCS, FFFNS, and other departments and organizations involved in child welfare and/or foster parent services.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

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I understand the roles and responsibilities of different staff members, social workers, supervisors, etc. at DCS, MFCS, FFFNS, etc.

Strongly disagree                      Disagree                      Neutral                      Agree                      Strongly agree

1     2     3     4     5     6     7     8     9     10

I know how to complete and submit monthly expense forms.

Strongly disagree                      Disagree                      Neutral                      Agree                      Strongly agree

1     2     3     4     5     6     7     8     9     10

I am aware of the training opportunities available to foster parents (both mandatory & optional).

Strongly disagree                      Disagree                      Neutral                      Agree                      Strongly agree

1     2     3     4     5     6     7     8     9     10

### Additional Comments:

### 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: \_\_\_\_\_