

**The Directions Program's policy is to allow a youth to stay up to 14 days at the Crisis Residential Center (CRC).**

**Did your child stay for the specified 14 days?** *Please circle the one that most applies.*

- My child spent less than the 14 days in the Directions Program   
  My child spent 14 days in the Directions Program  
 My child spent more than 14 days in the Directions Program   
  I don't remember

**Describe what the CRC can do improve their services if anything.**

**How satisfied or dissatisfied are you with the staff at the CRC?** *Please circle the one that most applies.*

- Very Satisfied   
  Satisfied   
  Dissatisfied   
  Very Dissatisfied

**Did the CRC refer you to any of the following services or activities (circle all that apply)?**

- Crisis Family Interventions (CFI) [formerly Phase II]                     
  TeenPeace Group  
 At Risk Youth Petition (ARYP)   
  Mental Health  
 Child In Need of Services (CHINS)   
  Drug & Alcohol Rehabilitation  
 Family Reconciliation Services (FRS)   
  The CRC did not refer me anywhere  
 Other (*please specify*) \_\_\_\_\_

**Did you participate in the referrals the CRC gave you?** *Please circle the one that most applies.*

- Yes   
  No   
  Don't Know

**How satisfied or dissatisfied are you with the services you were referred to?** *Please circle the one that most applies.*

- Very Satisfied   
  Satisfied   
  Dissatisfied   
  Very Dissatisfied   
  N/A

**Did you participate with your child in family sessions?** *Please circle the one that most applies.*

- Yes   
  No

**How satisfied or dissatisfied are you with the family sessions at the CRC?** *Please circle the one that most applies.*

- Very Satisfied   
  Satisfied   
  Dissatisfied   
  Very Dissatisfied   
  N/A

**How competent or incompetent was the staff that facilitated your family sessions?**

*Please circle the one that most applies.*

- Very Competent   
  Competent   
  Incompetent   
  Very Incompetent   
  N/A

**During your family sessions, how much did staff involve or not involve you and your family in creating goals or objectives for the sessions?** *Please circle the one that most applies.*

- Involved family very much   
  Involved family   
  Did not involve family very much   
  Did not Involve family at all   
  N/A

**To what extent was staff effective or ineffective in engaging and helping with your family's diverse needs?** *Please circle the one that most applies.*

- Very effective   
  Somewhat effective   
  Somewhat ineffective   
  Very ineffective   
  N/A

**To what extent did the Directions Program help foster or discourage healthier relationships within your family?**

*Please circle the one that most applies.*

- Greatly fostered    Fostered somewhat    Stayed the same    Discouraged    Greatly discouraged

**To what extent did the Directions Program improve or worsen your parenting skills?**

*Please circle the one that most applies.*

- Greatly improved parenting skills    Improved parenting skills    Parenting skills stay the same  
 Worsened parenting skills    Greatly worsened parenting skills

**How satisfied or dissatisfied are you with your experience at the CRC?** *Please circle the one that most applies.*

- Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied

**Would you refer friends or families in crisis to the CRC's Direction Program?** *Please circle the one that most applies.*

- Yes    No

**What was the most effective part of the Directions Program?**

**What was the least effective part of the Directions Program?**

**Other comments:**