

Out-Of-Home-Care Exit Interview/Questionnaire
(Social Worker to complete on behalf of the child)

Child's Name:	Date of Birth:
Date Exit Interview Completed:	
Caregiver Name:	
Moved From:	
Home Type: <input type="checkbox"/> County Home <input type="checkbox"/> FFA <input type="checkbox"/> Group Home <input type="checkbox"/> Relative/NREFM <input type="checkbox"/> Other	
Date of move:	Length of time in this home:
Reason for move:	
Moved to:	
<input type="checkbox"/> Returned home <input type="checkbox"/> Relatives <input type="checkbox"/> Permanent placement <input type="checkbox"/> Other _____	
Comments:	

1. How and when were you informed of your move?

2. Do you understand about why you are being moved?

Yes

No

Explain:

3. Who has talked to you about your move?

4. Did your caregiver treat you as a fully included member of the family (activities, chores, celebrations, or outings)

5. What did you do for fun in this home?

6. If you did something you were not supposed to do, what happened?

Did you think this was fair?

7. Where you ever threatened with having to leave the home?

Yes

No

Explain:

8. What kinds of things did your caregiver know about you? (Examples: favorite foods, best friends, favorite subject in school, etc).

9. Were you able to participate in community and school activities while in this home? (Please explain)

Yes

No

Explain:

10. In what ways did your caregiver support your relationship with your biological family?

Explain:

In what ways did your caregiver support your culture?

In what ways did your caregiver support your religious beliefs?

11. What was the best thing about living in this home?

What was the worst thing about living in this home?

12. Did you have enough clothing that fit you to wear in this home?

Yes

No

Explain:

13. Did you have enough food to eat while you were with this caregiver?

Yes

No

Explain:

14. Did you feel respected in this home:

Yes

No

Explain:

15. Did you feel happy in this home?

Yes

No

Explain:

16. What do you think was the best thing about living with this family?

17. What things do you wish they had done differently in this home?

18. Did you feel safe and comfortable in this home?

Yes

No

Explain:

19. Are there any other things you would like to say about this family?
