**HENNEPIN COUNTY**

**MAPCY SURVEY FOR FOSTER PARENTS**

**Now that you have participated in a MAPCY assessment, please answer the following questions. Your responses will be used to help us improve this process.**

**Assessor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Do you feel that the assessor listened to your opinions and took note of them for the MAPCY?
2. Is there anything you would change about the process of doing the assessment?
3. Did you receive the Rating Letter for the assessment in a timely manner?
4. Were you in agreement with the score, Why, Why Not?
5. Were you provided with the reassessment and appeal process?
6. Do you have any other comments or suggestions?

**Thank you for responding to this survey!** **Please email this document to your Mapcy Assessor (assessor first name.assessor last name@hennepin.us) Example john.doe@hennepin.us**