



Resource Therapist Survey

Offline version for mailing purposes

Therapist(s) name: _____

Name of organization: _____

Address: _____

Line 2: _____

City: _____ State: _____ Zip: _____

County: _____

Hours: _____

Website: _____

Email: _____

Phone: () - _____ Emergency phone: () - _____

What age group of adoptive, foster, or kinship youth do you treat? Check all that apply:

Ages: 0-5 Ages: 6-12 Ages: 13-17 Ages: 18-26 Ages: 27-40

Over: 40

Insurances accepted: _____

Do you accepted Medicaid: _____ (Yes/No)

What is your experience working with adoptive, foster, and kinship families?

How many adoptive, foster, and kinship families have you serviced?

What do you think are the most significant issues facing adoptive families?

What are your two most effective intervention strategies for adoptive, foster, and kinship families? Please explain as thoroughly as possible:

Do you conduct therapy with the family and the adoptee or foster child?

Always together... Initial session with parent(s), all other with family...

All sessions conducted individually... Other... (please explain)

Please identify any specialized training/experience in adoption and/or foster care:

Have you attended or presented at adoption-related conferences? If so tell us about those:
