Child Protective Services Case Closure Survey

Case Information Case Number Date of Closure Caseworker Name Relationship to Child **Experience with CPS** How would you rate your overall experience? C Excellent C Good C Fair C Poor Were you treated with respect by CPS staff? C Yes C No Were you kept informed about case progress? C Yes C No Were services and resources provided as needed? C Yes C No **Feedback** What did CPS do well? What could CPS improve? Additional comments or suggestions