Progress Towards Goals Committee/Subcommittee Participant Survey

Name of this Committee/Subcommittee: _____ Date survey completed: Month____ Day____ Year____

Please indicate what best describes your role on this Committee:

- ___ Member
- ___ Periodic participant

___ Guest/visitor

About how many times have you attended this committee's meetings, including today? # of times _____

We are interested in your views about the work of this Committee or Subcommittee and its effectiveness. Please review the items below and circle the number below that best describes your experiences on this committee, using the following scale	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Goals and Purpos	е				
1. I am clear about the goals and purpose of this committee.	5	4	3	2	1
2. I am clear about my role and responsibilities on this committee.	5	4	3	2	1
3. Since I've been attending this committee the goals and purpose have changed.	5	4	3	2	1
4. Other people who are not members understand the goals and purpose of the committee.	5	4	3	2	1
5. It will be clear when the work of this committee is complete.	5	4	3	2	1
6. The work plan and timelines for completing the tasks of this committee have been made clear to me.	5	4	3	2	1
Identity and Member	ship				
7. The right people are members of this committee.	5	4	3	2	1
8. Members of this committee attend regularly.	5	4	3	2	1
9. All of the members of this committee participate as equals.	5	4	3	2	1

PLEASE TURN OVER AND COMPLETE REVERSE SIDE

This survey was approved by the University of Denver's

Institutional Review Board for the Protection of Human Subjects in Research on January 8, 2008

Butler Institute for Families University of Denver Improving Child Welfare Outcomes Through Systems of Care Progress Towards Goals Committee Survey

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