

**YOUTH FOSTERING CHANGE  
YOUTH ASSESSMENT QUESTIONNAIRE:  
A TOOL FOR YOUTH TO PROVIDE INPUT INTO CHILD  
WELFARE PLACEMENT DECISIONS**

**FOR YOUTH, BY YOUTH**



THIS IS A TOOL MADE BY YOUTH WITH EXPERIENCE IN THE CHILD WELFARE SYSTEM TO GIVE OLDER YOUTH A VOICE WHEN DECISIONS ARE MADE ABOUT WHERE THEY WILL LIVE. THIS TOOL WILL HELP ENSURE THAT YOUTH ARE PLACED IN APPROPRIATE LIVING ARRANGEMENTS THAT PROVIDE THEM AN OPPORTUNITY TO ESTABLISH HEALTHY AND SUPPORTIVE RELATIONSHIPS WITH CARING ADULTS AND DEVELOP THEIR SKILLS, INTERESTS AND TALENTS SO THAT THEY CAN BECOME SUCCESSFUL ADULTS. THIS QUESTIONNAIRE SPECIFICALLY AIMS TO IDENTIFY AGE-APPROPRIATE LIVING ARRANGEMENTS AND CREATE A WAY FOR CASE WORKERS TO BUILD STABLE, TRUSTING RELATIONSHIPS WITH YOUTH. THIS TOOL IS **NOT** DESIGNED TO GUARANTEE THAT YOUTH GET EVERYTHING THEY WANT IN A PLACEMENT, BUT TO HELP IDENTIFY WHAT A YOUTH NEEDS AND TO PRESENT THEIR PREFERENCES. THIS DOCUMENT CAN BE FILLED OUT BY YOUTH AND THEIR WORKERS TOGETHER, OR IT CAN BE FILLED OUT JUST BY THE YOUTH FOR HIS OR HER WORKER TO USE IN MAKING PLACEMENT RECOMMENDATIONS.

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If you have any questions about this Guide or Youth Fostering Change, you can contact Juvenile Law Center at 215-625-0551 or email [yfc@jlc.org](mailto:yfc@jlc.org)

# YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE

## Section 1: COMFORTABILITY & PAST EXPERIENCES

These questions will help make sure that you are placed in a living arrangement where you feel *most comfortable* and have a better chance to succeed. As a youth in care, you have a right to be placed in the least restrictive, most family-like setting that meets all your needs, respects your voice, and supports you as you enter adulthood. The questions in this section are meant to determine what type of placement is right for you as an individual, based on your past experiences. For example, if you have had a good experience living with a family, then a foster home might be the right living arrangement for you. Or, if you prefer living with a group of peers, a group home might be the appropriate living arrangement. Additionally, once the right kind of living arrangement is identified, these questions will also help determine what *specific* foster home, group home, SIL, etc. might be right for you, or if services or supports can be added to a setting to make it right for you.

**1. Who are you comfortable around? List everyone you can think of.**

- **Out of everyone you've listed, who do you think can best support you?**

**2. Are you comfortable living with a lot of people? YES or NO (circle one). Why or why not?**

**3. Give an example of a good experience you had living with other people. What made that experience good?**

## YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE

4. Do you feel comfortable sharing a room with someone? YES or NO (circle one). Why or why not?

- Have you ever shared a room with someone? YES or NO (circle one).
  - If yes, what was that experience like?
  
- Is there anything about sharing a room with someone that makes you uncomfortable? YES or NO (circle one). What? Why?

5. What types of people do you feel comfortable around? What types of people do you feel uncomfortable around?

# YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE

## Section 2: YOUTH PREFERENCES IN PLACEMENT

These questions gives you the opportunity to say what your ideal living arrangement would be and why. An ideal living arrangement may not just be about living in a foster home or a group home; it could be about which part of the city you would like to live in, and where you feel most comfortable and safe. Additionally, this section will give you the opportunity to share what *you* think would make you most successful in a particular living arrangement.

**1. Was your last placement a good placement for you? YES or NO (circle one). Why or why not?**

**2. What part of the city do you prefer to live in? Why?**

**3. How do you get along with other youth your age (for example, your peers, siblings, foster siblings, etc.)?**

**4. What do you need in order to feel fully supported in a placement?**

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5. Please rank the following placements options in order of your preference (1 being your most preferred and 4 being your least preferred choice).

- **Foster Family Care** \_\_\_\_\_

What aspects of Foster Family Care do you <b>like</b> ?	What aspects of Foster Family Care do you <b>dislike</b> ?

- **Kinship Care** (living with a family member) \_\_\_\_\_

What aspects of Kinship Care do you <b>like</b> ?	What aspects of Kinship Care do you <b>dislike</b> ?

- **Group Home** \_\_\_\_\_

What aspects of Group Homes do you <b>like</b> ?	What aspects of Group Homes do you <b>dislike</b> ?

- **Supervised Independent Living (SIL)** (living on your own with supports and supervision from an agency) \_\_\_\_\_

What aspects of SIL do you <b>like</b> ?	What aspects of SIL do you <b>dislike</b> ?



## YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE

6. Is there a family member that you feel safe with? YES or NO (circle one). If yes, who is that person?
7. Would you like us to identify any resources for your family members (for example: help for addiction, family therapy, housing supports, job training, or education)? YES or NO (circle one). If yes, which ones?
8. Do you have someone you feel you can confide in? YES or NO (circle one). If yes, who is that person?
9. Who do you feel like you rely on in times of need?
- Where do these people/person live?
  
  - How do you stay in contact with these people/person?
  
  - Could you stay with any of these people? YES or NO (circle one). If yes, could you stay with them short-term, long-term, or both?
  
  - Would you feel comfortable living with these people? YES or NO (circle one).
10. If you are not in contact with any family members, would you like DHS to look for members of your family and then tell you if they identified anyone? YES or NO (circle one).



# YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE

11. Where were you living before you entered placement?

- Who were you living with?
  
  
  
  
  
  
  
  
  
  
- What did you like or dislike about this living arrangement?

12. Have you ever received support services (examples: therapy, group therapy, drug and alcohol treatment, medication management, etc.)? YES or NO (circle one).

- If yes, do you wish to continue to receive those support services? YES or NO (circle one).
  - If yes, which ones?
  
  
  
  
  
  
  
  
  
  
  - Where are these services located?
  
  
  
  
  
  
  
  
  
  
- Do you feel like you would want other support services? YES or NO (circle one).
  - If yes, which ones?

## YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE

13. Do you have any children? YES or NO (circle one). If yes:

- How many?
  
- Does he/she/they have any medical needs? YES or NO (circle one). If yes, explain them.
  
- Where does he/she/they live?
  
- Who takes care of your child/ren?
  
- Where were you and your child/ren living before you entered care?
  
- What is the relationship like between you and your child/ren's other parent(s)?
  
- Do you need extra support caring for your child? YES or NO (circle one).  
Explain those needs—be specific!

# YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE

## Section 4: EDUCATION, CAREER, & FUTURE

These questions are important because as an older youth you will be transitioning out of the child welfare system soon and you will need a placement that will be able to best help you develop life skills and make important life decisions that require guidance. You may want or need extra support in reaching your goals. Therefore, it is important that you live somewhere where there are people who can help you reach your specific goals or have had similar experiences and have achieved goals that you have set for yourself. For example, if you want to go to college, it may be helpful for you to be placed where there is an adult with college experience (or have access to college mentoring outside of your placement). A living arrangement should have the necessary supports to help you reach your particular goals.

**1. Are you in school? YES or NO (circle one).**

- **If yes, where is your school located?**
  
- **How do you get to school? (Car? Public transportation? If public transportation, what buses/subways/trolleys? How many?)**
  - **If you use a car, do you drive or do you get a ride?**

**2. How do you feel you are doing in your classes at school on a scale from 1-10 (1 being really not doing well and 10 being really doing well)?**

1    2    3    4    5    6    7    8    9    10

- **Do you want or need additional support? YES or NO (circle one). If yes, what type of supports?**

**3. Is there an adult in your life who is helping you make decisions about school and your education? YES or NO (circle one).**

- a. **If yes, who is that person/people?**



## YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE

9. Do you currently have a job? YES or NO (circle one).

- If yes, where/what is your job?
  
  
  
  
  
  
  
  
  
  
- How do you get to work? (Car? Public transportation? If public transportation, what buses/subways/trolleys? How many?)

10. Do you have a system for managing your money? YES or NO (circle one).

11. What life skills do you think you still need to learn or master? (Examples: budgeting, cooking, household chores, hygiene, understanding transportation, local resources, finding employment, getting health insurance, etc.)

12. Where do you see yourself in five years?

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## Section 6: PERSONALITY

These questions give an idea about the kind of person you are, and that might help put you in a more compatible living arrangement. These questions also help figure out what makes you feel supported and what makes you feel targeted or upset.

### 1. What are your personality traits? Circle all that apply.

Absentminded	Confident	Flexible	Mature	Rowdy
Active	Considerate	Focused	Mellow	Secretive
Adaptable	Cooperative	Forgetful	Messy	Secure
Adventurous	Courteous	Friendly	Neglectful	Self-Conscious
Ambitious	Creative	Funny	Organized	Self-Sufficient
Angry	Decisive	Generous	Open	Sensitive
Anxious	Dedicated	Hands-on	Opinionated	Shy
Artistic	Demanding	Hardworking	Optimistic	Stable
Assertive	Dependent	Healthy	Patient	Strong-Willed
Athletic	Destructive	High-Spirited	Peaceful	Stubborn
Balanced	Determined	Honest	Perceptive	Talkative
Busy	Disciplined	Humble	Persuasive	Technical
Calm	Dishonest	Indecisive	Private	Thoughtful
Caring	Disobedient	Independent	Procrastinating	Tolerant
Cautious	Disrespectful	Intellectual	Protective	Tough
Charismatic	Dramatic	Intense	Proud	Unpredictable
Clean	Easily Discouraged	Invisible	Quiet	Visual
Clumsy	Emotional	Kind	Reserved	Vulnerable
Compassionate	Energetic	Life of the Party	Resourceful	<i>Other (please list):</i>
Competitive	Enthusiastic	Loyal	Respectful	
Complex	Fair	Outgoing	Responsible	

### 2. What trait(s) do you have that your friends value in you?

## YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE

3. What trait(s) are you most proud of?
  
  
  
  
  
  
  
  
  
  
4. Do you have any triggers that make you upset or angry? YES or NO (circle one).
  - If yes, what are they?
  
  
  
  
  
  - What are some solutions, techniques, or coping skills that you have to help lighten your mood in these situations?
  
  
  
  
  
  
  
  
  
  
5. In your life, have you experienced something upsetting, difficult, or traumatic? YES or NO (circle one).
  - Would you like to talk to someone further about this? YES or NO (circle one).  
Explain, if you feel comfortable.
  
  
  
  
  
  
  
  
  
  
6. Describe your perfect day.
  
  
  
  
  
  
  
  
  
  
7. What does a bad day look like to you?

# YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE

8. What do you like to do in your spare time? What hobbies do you have?

9. Are you involved in any groups or activities in the community?

10. Are you member of a church or involved in any religious activities that you enjoy?

11. Are you involved in any volunteer work that you enjoy?

12. Are there any activities, groups, of hobbies you would like to join?

13. What are your favorite foods?

14. Are you allergic to any foods? YES or NO (circle one).

- If yes, which ones?



## **YOUTH FOSTERING CHANGE YOUTH ASSESSMENT QUESTIONNAIRE**

**15. Are there any foods you do not like to eat? YES or NO (circle one). If yes, please list them.**

**16. Are there any pets you would be uncomfortable living with? YES or NO (circle one). If yes, please list them.**

**17. What are five things you can't live without?**

**18. Is there anything else you would like to tell us about yourself? Please share!**