

**CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES  
DIVISION ON DOMESTIC VIOLENCE**

**EVALUATION OF SERVICES SURVEY  
SUPERVISED VISITATION AND SAFE EXCHANGE SERVICES FOR VICTIMS OF DOMESTIC  
VIOLENCE**

**SECTION I: STAFF to complete**

SURVEY IDENTIFIER CODE

|         |                       |                        |                         |
|---------|-----------------------|------------------------|-------------------------|
| 2020-21 |                       |                        |                         |
| (year)  | (4 digit agency code) | (1 digit program code) | (5 digit client number) |

TODAY'S DATE

**SECTION II: PARTICIPANTS to complete**

Please check the box that describes how you feel.

|   | Does not<br>apply        | Strongly<br>Disagree     | Disagree                 | Neutral                  | Agree                    | Strongly<br>Agree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>A. What I think about the options I was offered:</b>                     |                          |                          |                          |                          |                          |                          |
| 1. I was given recommendations for other services that I may need           | <input type="checkbox"/> |
| 2. My children had a positive visitation experience because of the services | <input type="checkbox"/> |
| 3. If I need help in the future, I would come to this program again         | <input type="checkbox"/> |
| <b>B. Staff at this program:</b>  |                          |                          |                          |                          |                          |                          |
| 1. Treated me with respect  | <input type="checkbox"/> |
| 2. Supported me in making my own decisions                                  | <input type="checkbox"/> |
| <b>C. How I feel about the services I received:</b>                         |                          |                          |                          |                          |                          |                          |
| 1. The center was clean and comfortable                                     | <input type="checkbox"/> |
| 2. I felt safer from abuse while at the center                              | <input type="checkbox"/> |
| 3. A staff member was available to answer all my questions                  | <input type="checkbox"/> |
| 4. The center had games and activities my child enjoys                      | <input type="checkbox"/> |

|  |  |   |
|--|--|---|
| <b>GENDER</b>                                | <b>SEXUAL ORIENTATION</b>                              | <b>RACE</b>   |
| <input type="checkbox"/> male                | <input type="checkbox"/> heterosexual/straight         | <input type="checkbox"/> American Indian/Alaskan Native   |
| <input type="checkbox"/> female              | <input type="checkbox"/> Gay/Lesbian                   | <input type="checkbox"/> Asian                            |
|  | <input type="checkbox"/> Bisexual                      | <input type="checkbox"/> Black or African American        |
| <b>ETHNICITY</b>                             | <input type="checkbox"/> Queer/Other                   | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino     | <b>AGE</b>   | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Not Hispanic/Latino | <input style="width:150px; height:20px;" type="text"/> | <input type="checkbox"/> Other race                       |