



To be completed by every father with case worker at the time the services are completed. If not applicable, please answer N/A.

Agency ID (enter CCC-2)

Date:

MM DD YYYY

: / /

Participant ID #:

Age:

Case Worker:

SERVICES YOU PROVIDED TO THE FATHER

CHILD SUPPORT

If arrears, did he get a modification?

- Yes
 No
 N/A

Has he made payments towards arrears?

- Yes
 No
 N/A

If the father did not have a child support order before, has he established one?

- Yes
 No
 N/A

Did the father get a Child Support Order Modification?

- Yes
- No
- N/A

Since the order modification, has the father been paying child support?

- Yes
- No
- N/A

How much child support has been paid since the father received services from your organization?

If the father had a suspended driver's license due to child support owed, has his driver's license been reinstated?

- Yes
- No
- N/A

ACCESS AND VISITATION

If the father did not have an access and visitation order before, has he established one?

- Yes
- No
- N/A

If yes, how often has he seen his child since you provided services?

- Daily
- 2-3 Times a Week
- Weekly
- Every Other Week
- Monthly
- Occassionally
- Seldom
- None

Other (please specify)

If the father did not have custody initially, has he obtained custody since seeking your organization's services?

- Yes
- No
- N/A

EMPLOYMENT

If the father was not employed before, has he found employment?

- Yes
- No

If yes, what is his job title?

DRUG/ALCOHOL ABUSE

If he had a drug or alcohol abuse problem, did you make a referral?

- Yes
- No
- N/A

If yes, has enrolled in an assistance program?

- Yes
- No
- N/A

DOMESTIC VIOLENCE

Has the father ever committed acts of family violence?

- Yes
- No

Has the father ever been a victim of family violence?

- Yes
- No

FATHERHOOD PROGRAM

Did the Father participate in a Fatherhood Course/Program?

- Yes
- No
- N/A

Name of Program(s) (check all that apply):

- 24/7 Dads
- Inside/Out Dads
- On My Shoulders
- Fatherhood Development

Other:

Did the Father complete courses to graduate?

- Yes
- No
- N/A

If not, please explain why:

Please list any unexpected challenges that occurred:

Program Review Questions:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This program helped me become a better father.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My views on fathering changed as a result of the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with my child/ren has improved tremendously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with the mother of my child/ren has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I could trust the program staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program was a great resource in resolving my fatherhood related issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would use these services again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program changed my views on the child welfare system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will remain in contact with the program and tell my story to other fathers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this program to other fathers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>