



ADR-Link Practitioner Feedback Form

Thank you for taking the time to complete this survey. The information you provide is confidential and will be combined with all the surveys we are collecting and used to improve our services.

ADR Practitioner name:

ADR-Link File #:

Date referral received by Practitioner:

Family Name:

Date of first CAS meeting:

Date file completed:

Type of ADR meeting:

Child Protection Mediation

ODR/Indigenous Approaches

Family Group Conference

4th Option/Other

Did any of the ADR participants identify as Indigenous, First Nation, Métis, or Inuit?

No

Some

All

Which Children's Aid Society (CAS) was involved?

Bruce-Grey

London-Middlesex

Chatham-Kent

Oxford

Elgin-St. Thomas

Sarnia-Lambton

Huron-Perth

Windsor-Essex

Overall outcome of the referral:

Issues fully resolved

Issues partially resolved

No issues resolved

Agreement was reached prior to ADR intervention

Referral was terminated/declined prior to ADR by the family, Practitioner or CAS

Other:

Please complete and submit electronically to adr-link@fcc.on.ca or print and fax to the ADR-Link confidential fax: 519-679-4234. Complete this form even for referrals not resulting in a conference.

Number of family members/friends present:

Number of CAS present:

Number of other service providers present:

Number of legal council present:

Total:

Everyone who needed to be there was present/able to participate in some way:

Yes

No

Key issues under discussion:

Placement of child(ren)

Conditions for return of child to parental care

Terms of supervision order

Worker/parent conflict or poor communication

Access issues

Openness of adoption

Length of an order

Parent-teen conflict

Other:

The most challenging aspects of this referral were:

The most positive aspects of this referral were:

In retrospect, what I would do differently is:

Do you have any comments on the ADR-Link referral process?