Pepperdine University
Graduate & Professional Schools IRB

EDUCATION DIVISION
SAMPLE EXEMPT APPLICATION
April 11, 2006

Stephanie Woo, Ph.D., Chairperson
Graduate and Professional School Institutional Review Board
Pepperdine University
Graduate School of Education and Psychology
6100 Center Drive
Los Angeles, CA 90045

Dear Dr. Woo:

On July 11, 2005, I passed my preliminary oral examination, and am, therefore, ready to proceed with the Institutional Review Board (IRB) application process. Please find enclosed my IRB Application for a Claim of Exemption and an Application for Waiver of Documentation of Informed Consent. I am submitting one electronic copy of these materials as well as hard copies of the following:

- 2 copies of this cover letter.
- 2 copies of emails for use of survey items.
- 2 copies of the Application for a Claim of Exemption and the full set of relevant appendices, including informed consent form.
- 2 copies of the Application for Waiver of Documentation of Informed Consent.
- 2 copies of the Faculty Supervisor Review form (Appendix A of Exemption application).
- 1 copy of the human subjects training certificates completed by the student principal investigator (PI) and his faculty advisor.
- 1 copy of the dissertation proposal.

I want to ensure the Board that I have read and will act in accordance with the ethical principles for human research protections as established by the American Psychological Association for conducting research with human participants.

As indicated in the list above, I have enclosed copies of the emails that were obtained from the developers of the surveys that grant permission for use of items from the surveys they developed.

Thank you for your time and consideration of these applications.

Respectfully submitted,
PEPPERDINE IRB
Application for a Claim of Exemption

Date:

 Principal Investigator:

 School/Unit:

 Street Address:

 City:

 Telephone (work):

 Email Address:

 Faculty Supervisor:

 School/Unit:

 Telephone (work):

 Email Address:

 Project Title: Identifying the Training and Support Needs of a Select Sample of Foster Parents

 Type of Project (Check all that apply):

 - [ ] Dissertation
 - [ ] Undergraduate Research
 - [ ] Classroom Project
 - [ ] Other:

 - [ ] Thesis
 - [ ] Independent Study
 - [ ] Faculty Research

 Is the Faculty Supervisor Review Form attached? [ ] Yes [ ] No [ ] N/A

 Has the investigator(s) completed education on research with human subjects? [ ] Yes [ ] No

 Please attach certification form(s) to this application. (See Appendix B)

 Investigators are reminded that Exemptions will NOT be granted for research involving prisoners, fetuses, pregnant women, or human in vitro fertilization. Also, the exemption at 45 CFR 46.101(b)(2), for research involving survey or interview procedures or observations of public behavior, does not apply to research with children (Subpart D), except for research involving observations of public behavior when the investigator(s) do not participate in the activities being observed.

 1. Briefly summarize your proposed research project, and describe your research goals/objectives.

 According to the 2004 Adoption and Foster Care Analysis and Reporting System report (AFCARS; U.S. Department of Health and Human Services, 2004), as of March, 2003, it is estimated that approximately 542,000 children are in out-of-home foster care with a
mean length of placement of 33 months and mean age of 10.1 years. Approximately 72% of these children were placed in foster family homes, including both relative and non-relative placements (U.S. Department of Health and Human Services).

Many foster children suffer from abandonment issues, have a lack of any meaningful attachments, are drug exposed, and have various behavioral and emotional problems, e.g., conduct disorder, oppositional defiant disorder, and attention deficit disorder. Foster parents, as the frontline service providers, then, are faced with these unique challenges. Although foster family agencies attempt to train foster parents to meet these challenges, it is not unusual for foster parents to report feeling unprepared or inadequately prepared to do so (Jones & Morriissette, 1999). In fact, it is estimated that 40% of foster parents dropout within their first year of certification and an additional 20% are contemplating discontinuation (Rhodes, Orme, Cox, & Buehler, 2003). As the number of dependent children in foster care increases, the number of qualified and capable foster parents decreases, although the exact number of foster family agencies in the United States is unknown, 38 states reported approximately 133,503 licensed foster homes as of 2000 (Adoption.com, 2004).

Maintaining quality service, insuring the best possible support for foster families and the children they serve, while adhering to state and county regulations, are ongoing goals, objectives, and challenges for foster family agencies. In keeping pace with the demands of foster care, e.g., placing special needs children, coordinating with county and licensing agencies, and working with foster parents, foster family agencies frequently benefit from continual quality assessments of the services they provide. Feedback from agency staff, social workers, county and licensing personnel, as well as foster parents become essential components of the evaluative process.

The purpose of this study is to conduct a needs assessment of foster parents certified with foster family agency, with the intention of identifying and delineating specific needs foster parents report essential to better serve the children in their care. Subsequent to identifying the necessary and desired needs of the foster parents, recommendations can then be provided to foster family agencies to better assist them in caring for the children they serve. More specifically, the following are the specific aims: (a) the views of the foster parents in regards to their fostering responsibilities (i.e., managing behavioral and emotional problems, having a realistic understanding of fostering responsibilities, meeting diverse needs of children in their care, supporting reunification with biological parents); what responsibilities they feel prepared to handle and in what areas they feel less comfortable; and the personal challenges they face in fostering, particularly in regards to personal support systems; (b) the personal attributes and motives of foster parents that may influence the fostering experience as well as their reported comfort fostering children of different life experiences, personal attributes, and needs; (c) the perceived support foster parents report from and other professionals with whom they come into contact in fostering children; and (d) the perceived quality and comprehensiveness of the training foster parents report from.
2. Using the categories found in Appendix B of the Investigator Manual, list the category of research activity that you believe applies to your proposed study.

The proposed research activity involves survey research with an adult population that is not a protected group; the survey neither asks for information that can directly identify the participant nor will identifiers be used that link a participant's identity to her/his data; the study neither presents more than a minimal risk to the participants nor would disclosure of the data outside the study place the participants at risk of criminal/civil liability or damage to their financial standing, employability, or reputation; and no deception is used. Therefore, it appears this study is exempt based on 45 CFR 46.101(b)(2).

3. Briefly describe the nature of the involvement of the human subjects (observation of student behavior in the classroom, personal interview, mailed questionnaire, telephone questionnaires, observation, chart review, etc):

All certified foster parent households of foster family agency who have had at least one foster care placement in their home will be mailed a copy of the survey by a staff member at , and they will be requested to return the survey directly to the investigator. Two letters will accompany the survey; one from the director of indicating the agency's approval of the study and the other from the investigator that informs the participants of what their study participation entails. To increase the rate of return, the initial mailing will be followed up in 1 week with a reminder postcard to return the survey. If less than 50% of the foster parents respond within 2 weeks, the survey packets will be re-mailed to all households, accompanied by a letter that explains why families have received more than one survey packet. At the completion of the study, for those foster families who request a summary of the findings, a postcard included in the original survey packet may be filled out and mailed in separately from the survey. Upon completion of the study, the researcher will then mail a brief overview of the study to those foster parents who request the summary of the findings.

4. Explain why you think this protocol should be considered exempt. Be sure to address all known or potential risks to subjects/participants.

As discussed in response to item 2 above, the proposed study appears to meet exempt status 45 CFR 46.101(b)(2) since the research activity involves survey research with an adult population that is not a protected group; the survey neither asks for information that can directly identify the participant nor will identifiers be used that link a participant's identity to her/his data; the study neither presents more than a minimal risk to the participants nor would disclosure of the data outside the study place the participants at risk of criminal/civil liability or damage to their financial standing, employability, or reputation; and no deception is used.

The only foreseeable risk associated with participation in this study is the imposition on the participant's time.
5. Explain how records will be kept.

Staff will forward the initial survey packets, postcard reminders, and, if necessary, a second mailing of survey packets to all certified foster parent households. In this way, the researcher will not have access to the personally identifying information of foster parents. Enclosed in the survey packet will be an addressed, stamped envelope for returning the survey directly to the investigator so that the staff will not have direct access to the survey responses. These envelopes will not be coded so neither the investigator nor the investigator will know who has returned the survey. No personally identifying information will be requested on the survey itself and no identifiers will be used that link a participant's identity to her/his data. Upon the return of the surveys, each questionnaire will be assigned a randomly generated identification number in preparation for data entry and analysis.

6. Yes ☐ No ☒ Are the data recorded in such a manner that subjects can be identified by a name or code? If yes: N/A
   - Who has access to this data and how is it being stored?
   - If you are using a health or mental health assessment tool or procedure, what is your procedure for referring the participant for follow-up if his/her scores or results should indicate illness or risk? Please describe.
   - Will the list of names and codes be destroyed at the end of the study? Explain your procedures.

7. Attach a copy of all data collection tools (e.g., questionnaires, interview questions or scripts, data collection sheets, database formats) to this form. Be sure to include in such forms/scripts the following information:
   - a statement that the project is research being conducted in partial fulfillment of the requirements for a course, master’s thesis, dissertation, etc. (if applicable)
   - purpose of study
   - a statement that subjects’ responses will be kept anonymous or confidential (explain extent of confidentiality if subjects’ names are requested)
   - if audiotaping or videotaping, a statement that subject is being taped (explain how tapes will be stored or disposed of during and after the study)
   - a statement that subjects do not have to answer every question
   - a statement that subject’s class standing, grades, or job status (or status on an athletic team, if applicable) will not be affected by refusal to participate or by withdrawal from the study (if applicable)
   - a statement that participation is voluntary

Attached to the application are the following: (a) survey (Appendix C), (b) informed consent cover letter (Appendix D), (c) postcard requesting summary of study findings (Appendix E), (d) follow-up postcard (Appendix F), and (e) cover letter to accompany second mailing, if required (Appendix G).
Please note that your IRB may also require you to submit a consent form or an **Application for Waiver or Alteration of Informed Consent Procedures** form. Please contact your IRB Chairperson and/or see the IRB website for more information.

An informed consent cover letter is included with this submission as well as the Application for Waiver or Alteration of Informed Consent Procedures that requests a waiver of documentation of informed consent.

8. Attach a copy of permission forms from individuals and/or organizations that have granted you access to the subjects.

See Appendix H for the letter from the director.

9. ☐ Yes ☑ No Does your study fall under HIPAA? Explain below.

No health information is collected in the proposed study.

9.1 If HIPAA applies to your study, attach a copy of the certification that the investigator(s) has completed the HIPAA educational component. Describe your procedures for obtaining Authorization from participants. Attach a copy of the Covered Entity’s HIPAA Authorization and Revocation of Authorization forms to be used in your study (see Section XI. of the Investigator Manual for forms to use if the CE does not provide such forms). If you are seeking to use or disclose PHI without Authorization, please attach the **Application for Use or Disclosure of PHI Without Authorization** form (see Section XI). Review the HIPAA procedures in Section X. of the Investigator Manual.

N/A

I hereby certify that I am familiar with federal and professional standards for conducting research with human subjects and that I will comply with these standards. The above information is correct to the best of my knowledge, and I shall adhere to the procedure as described. If a change in procedures becomes necessary I shall submit an amended application to the IRB and await approval prior to implementing any new procedures. If any problems involving human subjects occur, I shall immediately notify the IRB Chairperson.

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**Principal Investigator’s Signature**

**Date**

**Facility Supervisor’s Signature**

(if applicable)

**Date**
PEPPERDINE UNIVERSITY IRB  
Faculty Supervisor Review Form

By my signature as a supervisor / sponsor on this research application, I certify that  
\textit{(insert name of the student or guest investigator)} is knowledgeable about the regulations  
and policies governing research with human subjects and has sufficient training and experience  
to conduct this particular study Identifying the Training and Support Needs of a Select Sample of  
Foster Parents \textit{(insert title of study)} in accord with the proposed application and protocol. In  
addition,

- I have reviewed this application;

- I agree to meet with the investigator on a regular basis to monitor study progress;

- I agree to be available, personally, to supervise the investigator in solving problems should  
they arise during the course of the study;

- I assure that the investigator will promptly report significant or untoward adverse effects to  
the Pepperdine IRB chairperson in writing in accordance with the guidelines stated in Section  
III.G of the Investigator’s Manual; and

- If I will be unavailable (e.g., sabbatical leave or vacation), I will arrange for an alternate  
faculty supervisor / sponsor to assume responsibility during my absence, and I will advise the  
IRB chairperson in writing of such arrangements.

\underline{Faculty Supervisor Signature} \hspace{1cm} \underline{Date}

Type Name
Human Participant Protections Education for Research

Completion Certificate

This is to certify that

has completed the Human Participants Protection Education for Research Teams online course, sponsored by the National Institutes of Health (NIH), on 04/16/2006.

This course included the following:

- key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- a description of guidelines for the protection of special populations in research.
- a definition of informed consent and components necessary for a valid consent.
- a description of the role of the IRB in the research process.
- the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.

National Institutes of Health
http://www.nih.gov

4/16/2006
Human Participant Protections Education for Research Team

Completion Certificate

This is to certify that

has completed the Human Participants Protection Education for Research Teams online course, sponsored by the National Institutes of Health (NIH), on 05/28/2004.

This course included the following:

- key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- a description of guidelines for the protection of special populations in research.
- a definition of informed consent and components necessary for a valid consent.
- a description of the role of the IRB in the research process.
- the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.

National Institutes of Health
http://www.nih.gov
PERMISSION TO CONDUCT SURVEY TO FOSTER PARENTS

I hereby grant permission to to conduct a survey to foster parents for his doctoral dissertation. I believe this survey will not only be beneficial to him but it will also help us as a foster care agency to better serve the foster parents and foster children. Please call me if you have any questions.

Sincerely,

Director
Mr.

You are more than welcome to use information from our foster parent survey. I'm sure you've noticed that the information on our website is pretty "rough." If there is something that is not clear or appears to be missing, please let me know and I will assist in clarifying. The only thing we ask in return is appropriate credit for the survey and to be given an update and final report on your research.

Director of
Good luck with your dissertation.

you have our permission. While it is not a requirement that you send us a copy of your paper, I would love to read it when it is completed. I wish you all the best.
May 8, 2006

Dear Foster Parent of

My name is . I am a doctoral student in clinical psychology at Pepperdine University, Graduate School of Education and Psychology, under the supervision of . As a foster family social worker, I am fully aware of the tremendous responsibility that each of you has as a foster parent. My interest is in finding ways for , to better serve foster care families who work with them. Please read the remainder of this letter carefully.

I would like to invite you to participate in a survey that will help me identify the needs you have as a foster parent. Completing the survey is strictly voluntary. Should you choose not to complete the survey, this will in no way affect your foster parent certification or status as a foster care parent with

The survey should take about 30 minutes to complete. The survey asks questions on the following topics: (a) your responsibilities as a foster parent, how prepared you feel in handling your fostering responsibilities, the challenges you experience as a foster parent, and your comfort in fostering children who possess different characteristics and needs; (b) your views on the support you receive from and other professionals with whom you come in contact in fostering children; and (c) your views on the training that you received in fostering children from . I will also ask you for information such as your year of birth, gender, ethnicity, marital status, education, religious affiliation, the number of years you have been certified as a foster parent, and the number of children for whom you have cared. You have the right to refuse to answer any questions you choose not to answer.

The only foreseeable risk associated with participation in this study are the amount of time involved and the possibility that reflecting upon your experiences as a foster parent may stir up some unpleasant thoughts and emotions.

Although you may not directly benefit, a potential benefit of participating is to provide information that can help plan future training experiences for foster parents.

When the results of the survey are shared with to plan future programming for foster parents, the information that is provided will describe the group as a whole, not the individual foster parent. To further protect your privacy, we are not asking you to provide any information that can identify you, such as your name. Please do not write your name on any portion of the survey.

I am required to keep the information collected for this study in a secure manner for at least 3 years. After the survey information is no longer required for research purposes, the information will be destroyed.
A summary of the findings may be obtained in approximately 12-18 months. If you wish to receive a summary of the findings, please fill out and return the enclosed postcard. Please mail the postcard separately from the survey. You may request a copy of the findings whether you elect to complete the survey or not.

Feel free to contact me with any questions or comments regarding this study at or if you have further questions about the study, you may contact my dissertation chairperson, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045.

If you have any questions about your rights as a study participant, you may contact Stephanie Woo, Ph.D., Chairperson of the Graduate and Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045, (310) 258-2845.

I have enclosed an addressed, stamped envelope in which you can return the survey. I would appreciate the survey being returned by will need to insert a date. I do hope you will decide to participate in this study. Thank you for your time.

Sincerely,

Pepperdine University
Graduate School of Education and Psychology
6100 Center Drive
Los Angeles, CA 90045
DATE: May 8, 2006

TO: Foster Parents of

FROM:
Pepperdine University
Graduate School of Education and Psychology

RE: Survey

A few weeks ago you should have received a survey packet and request to participate in a research study that will help me identify the needs you have as a foster parent. If you have already completed and mailed back the survey, I want to thank you for your participation. Please disregard this mailing and I apologize for bothering you once again.

If, however, you have not had the opportunity to complete and return the survey, I would greatly appreciate it if you could do so by insert a specific date. Below is the letter that was sent with the original mailing. I have provided it again since it gives information that is important for you to know about the study.

Dear Foster Parent of

My name is . I am a doctoral student in clinical psychology at Pepperdine University, Graduate School of Education and Psychology, under the supervision of . As a foster family social worker, I am fully aware of the tremendous responsibility that each of you has as a foster parent. My interest is in finding ways for to better serve foster care families who work with them. Please read the remainder of this letter carefully.

I would like to invite you to participate in a survey that will help me identify the needs you have as a foster parent. Completing the survey is strictly voluntary. Should you choose not to complete the survey, this will in no way affect your foster parent certification or status as a foster care parent with the

The survey should take about 30 minutes to complete. The survey asks questions on the following topics: (a) your responsibilities as a foster parent, how prepared you feel in handling your fostering responsibilities, the challenges you experience as a foster parent, and your comfort in fostering children who possess different characteristics and needs; (b) your views on the support you receive from and other professionals with whom you come in contact in fostering children; and (c) your views on the training that you received on fostering children from . I will also ask you for information such as your year of birth, gender, ethnicity, marital status, education, religious affiliation, the number of years you have been certified as a foster parent, and the number of children for whom you have cared. You have the right to refuse to answer any questions you choose not to answer.
The only foreseeable risk associated with participation in this study are the amount of time involved and the possibility that reflecting upon your experiences as a foster parent may stir up some unpleasant thoughts and emotions.

Although you may not directly benefit, a potential benefit of participating is to provide information that can help the plan future training experiences for foster parents.

When the results of the survey are shared with to plan future programming for foster parents, the information that is provided will describe the group as a whole, not the individual foster parent. To further protect your privacy, we are not asking you to provide any information that can identify you, such as your name. Please do not write your name on any portion of the survey.

I am required to keep the information collected for this study in a secure manner for at least 3 years. After the survey information is no longer required for research purposes, the information will be destroyed.

A summary of the findings may be obtained in approximately 12-18 months. If you wish to receive a summary of the findings, please fill out and return the enclosed postcard. Please mail the postcard separately from the survey. You may request copy of the findings whether you elect to complete the survey or not.

Feel free to contact me with any questions or comments regarding this study at . If you have further questions about the study, you may contact my dissertation chairperson, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045. If you have any questions about your rights as a study participant, you may contact Stephanie Woo, Ph.D., Chairperson of the Graduate and Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045, (310) 258-2845.

I have enclosed an addressed, stamped envelope in which you can return the survey. I do hope you will decide to participate in this study. Thank you for your time.

Sincerely,

Pepperdine University
Graduate School of Education and Psychology
6100 Center Drive
Los Angeles, CA 90045
Yes, I am interested in receiving a summary of the research results:

Name: __________________________________________

Street Address: ______________________________________

City:________ State: ______ Zipcode: __________________

Please mail this postcard separate from the survey. You do not need to complete the survey in order to receive a copy of the study results.

Please note that the study results will be available in approximately 12-18 months
Recently you received a survey packet from me requesting your participation in a research study I am conducting. This letter is a follow-up reminder asking for your assistance in completing and mailing back the survey. If you have already filled out and mailed the survey, please disregard this notice and I thank you for your participation and support.

Sincerely,

Pepperdine University
Graduate School of Education and Psychology
6100 Center Drive
Los Angeles, CA 90045
Foster Parent Needs Survey

This survey is designed to find out about your experiences as a foster parent and to identify ways in which you may offer your support in your work with the children in your care. In completing this survey, please do NOT write your name or other identifying information on any portion of it. Once you have completed the survey, please return it in the enclosed postage-paid envelope. Thank you for your participation.

A. Foster Parenting

1. In your opinion, what are the five most important foster parent roles/responsibilities? (Please check FIVE choices)
   a. ____ Providing safety for a child
   b. ____ Helping a child with loss and separation
   c. ____ Participating in permanency planning
   d. ____ Helping a child to develop or maintain contact/attachment with birth family
   e. ____ Loving and nurturing a child
   f. ____ Helping a child progress in his/her development
   g. ____ Helping a child obtain necessary services (e.g., medical, psychological, and/or dental care)
   h. ____ Being a role model for a child
   i. ____ Providing a child with support, guidance, and discipline
   j. ____ Teaching a child daily living skills (e.g., hygiene, feeding and dressing self)
   k. ____ Modeling positive parenting skills for a child and his/her birth parents
   l. ____ Being an advocate for a child
   m. ____ Preparing a child to return home or be adopted
   n. ____ Being a continuing resource to a child and birth family following reunification or adoption
   o. ____ Preparing teenagers for living independently
   p. ____ Other (Please specify: __________________________)

2. How strongly do you agree or disagree with the following statements about being a foster parent? (Please check ONE option for each statement)

<table>
<thead>
<tr>
<th>Strongly</th>
<th>Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a help to the biological family.</td>
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<tr>
<td>My work as a foster parent is valued and appreciated.</td>
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<tr>
<td>I get satisfaction helping children reunify with their biological family.</td>
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<tr>
<td>Fostering is part of my religious responsibility.</td>
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<tr>
<td>Foster parent training helps me rear my biological children.</td>
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<tr>
<td>I work with the social worker, teacher, and other professionals in caring for the children.</td>
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<tr>
<td>I have been satisfied with the children placed in my home.</td>
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<tr>
<td>All available information is shared with me at the time of placement (e.g., how long the child is expected to stay with me, reason for placement, medical/mental health needs, case history, court reports).</td>
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<td>I have no regrets about the time invested in being a foster parent.</td>
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<td>I can call the child’s worker whenever needed.</td>
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<tr>
<td>I see positive changes in the children that are placed in my home.</td>
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<tr>
<td>I have experienced many placement problems.</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

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1 The investigator wishes to acknowledge that permission was granted to adapt items from the Missouri Foster Parent Survey (Foster and Adoptive Care Coalition, Saint Louis, MO) and the Foster Parent Training and Support Assessment (Center for Development of Human Services, SUNY Research Foundation, Buffalo State College, New York).
3. Based on your experience and training about foster parenting, which of the following tasks do you feel are your responsibility? (Please check ALL that apply)

   a. ___ Provide gifts for child on special occasions
   b. ___ Help foster child with emotional issues
   c. ___ Help to build child’s self-confidence
   d. ___ Promote the child’s spirituality
   e. ___ Recruit new foster families
   f. ___ Help develop child’s skills that need improvement
   g. ___ Prepare teenage foster children for independence
   h. ___ Transport child to biological family visits
   i. ___ Assess child’s developmental level
   j. ___ Talk to biological parent about child’s behavior
   k. ___ Keep record of placement history and progress notes
   l. ___ Inform biological family of child’s adjustment in your home
   m. ___ Respond to emergencies at school
   n. ___ Supervise child’s recreation
   o. ___ Select child’s counselor/therapist
   p. ___ Select child’s school
   q. ___ Help child develop positive peer support
   r. ___ Help child deal with separation from biological family
   s. ___ Arrange visits with biological parents
   t. ___ Keep child’s educational records
   u. ___ Schedule medical/dental appointments

4. During your first placement, what did you find your family least prepared to deal with? (Please check ALL that apply)

   a. ___ Emotional needs of the child
   b. ___ Physical needs of the child
   c. ___ Behaviors of the child
   d. ___ Time requirements of being a foster parent
   e. ___ Biological child(ren)’s adjustment to the foster placement
   f. ___ Working with a professional team (social worker, teacher, etc.)
   g. ___ Being objective and positive about the biological family
   h. ___ Other (Please specify: ____________________________)

5. To what degree have you experienced conflict/stress with each of the following as a result of being a foster parent? (Check ONE option for each item)

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Some</th>
<th>A lot</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>
   a. Your spouse/partner    |      |      |       |                |
   b. Your biological children |     |      |       |                |
   c. Your financial expenses |      |      |       |                |
   d. Your extended family   |      |      |       |                |
   e. Your employer          |      |      |       |                |
   f. Your family’s social life |    |      |       |                |
   g. Your family’s community involvement | |      |       |                |
   h. Your children’s school |      |      |       |                |
   i. Other                  |      |      |       |                |
   (Please specify: ____________________________)

Education Sample Exempt IRB Application
February 2007
6. Please indicate how comfortable you would be in fostering a child with the following characteristics. (Check ONE option for each item.)

<table>
<thead>
<tr>
<th>Physical disabilities (e.g., unable to walk, missing limbs, deaf, blind, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious medical problems (e.g., HIV, cancer, diabetes, asthma, drug exposed infants, etc.)</td>
</tr>
<tr>
<td>Serious emotional problems (e.g., depression, suicidal behavior, etc.)</td>
</tr>
<tr>
<td>Psychiatric disorders (e.g., Attention Deficit Hyperactivity Disorder (ADHD), autism, etc.)</td>
</tr>
<tr>
<td>History of violent behavior towards others</td>
</tr>
<tr>
<td>Criminal history</td>
</tr>
<tr>
<td>History of runaway behavior (going AWOL)</td>
</tr>
<tr>
<td>Physical abuse history</td>
</tr>
<tr>
<td>Sexual abuse history</td>
</tr>
<tr>
<td>Exhibits sexually acting out behavior</td>
</tr>
<tr>
<td>An Infant</td>
</tr>
<tr>
<td>A toddler</td>
</tr>
<tr>
<td>Younger elementary age child (kindergarten through 3rd grade)</td>
</tr>
<tr>
<td>Upper elementary age child (grades 4 through 6)</td>
</tr>
<tr>
<td>Young teenager (grades 7 through 8)</td>
</tr>
<tr>
<td>Teenager (grades 9 through 12)</td>
</tr>
<tr>
<td></td>
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<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Pregnant</td>
</tr>
<tr>
<td>African American</td>
</tr>
<tr>
<td>Asian American</td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>Latino/a</td>
</tr>
<tr>
<td>Native American</td>
</tr>
<tr>
<td>Of the same ethnicity/race as me</td>
</tr>
<tr>
<td>Christian</td>
</tr>
<tr>
<td>Catholic</td>
</tr>
<tr>
<td>Jew</td>
</tr>
<tr>
<td>Muslim</td>
</tr>
<tr>
<td>No religious identification</td>
</tr>
<tr>
<td>Of the same faith as me</td>
</tr>
<tr>
<td>Looks like he/she could be a member of my family</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
</tr>
<tr>
<td>Problems in school</td>
</tr>
<tr>
<td>Learning disabilities</td>
</tr>
<tr>
<td>Requires special education</td>
</tr>
<tr>
<td>Require special services like speech/language therapy</td>
</tr>
<tr>
<td>Speaks English only</td>
</tr>
<tr>
<td>Speaks Spanish only</td>
</tr>
</tbody>
</table>

Are there any additional characteristics that are not already mentioned above that may make you feel uncomfortable?

___

7. The following is a list of reasons people decide to foster children. Please rank ALL five reasons with 1 being the item of most importance to you through 5 for the item of least importance to you.

   ___ To provide a home for children in need
   ___ To eventually adopt a child
   ___ To supplement my income through helping children
   ___ To make a difference in a child's life
   ___ To feel a sense of accomplishment through helping others
8. What are your reservations in continuing as a foster parent? (Please check ALL that apply)
   - I have no reservations
   - Too difficult to obtain needed services for foster child
   - Not enough emotional support
   - Life situation has changed since being licensed
   - Too much financial strain on the family budget
   - Biological/adopted children have a difficult time with fostering
   - Being a foster parent took more time than anticipated
   - Too much training
   - Not enough training
   - Not enough support from worker
   - The foster care system is too difficult to work with
   - Other (Please specify: ____________________________)

B. Support from and Other Professionals

9. Please indicate your level of satisfaction with the following services/supports:
   (Please check ONE option for each item)

<table>
<thead>
<tr>
<th></th>
<th>Not Available</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Worker contact in person</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>b. Worker contact by phone</td>
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<tr>
<td>c. Guidance on working with families</td>
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<tr>
<td>d. Respite care</td>
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<tr>
<td>e. Daycare for foster child</td>
<td></td>
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<tr>
<td>f. 24-hour crisis services</td>
<td></td>
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<tr>
<td>g. Foster parent support group</td>
<td></td>
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<tr>
<td>h. Newsletter for foster parents</td>
<td></td>
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<tr>
<td>i. Ongoing recognition in the community</td>
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<td></td>
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<tr>
<td>j. Involvement with permanency planning</td>
<td></td>
<td></td>
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<tr>
<td>k. Reimbursed for special costs (e.g., field trips, school related expenses, etc.)</td>
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<tr>
<td>l. Liability insurance</td>
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<tr>
<td>m. Counseling services for foster parents</td>
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<tr>
<td>n. Mentoring or buddy system</td>
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<tr>
<td>o. Transportation</td>
<td></td>
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<tr>
<td>p. Timely evaluations for child service needs</td>
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<tr>
<td>q. Obtaining child’s full history (e.g., emotional, medical, educational, etc.)</td>
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<tr>
<td>r. Referrals to appropriate services</td>
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<tr>
<td>s. Child’s contact with legal guardian</td>
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<tr>
<td>t. Information on adoption</td>
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</tbody>
</table>
10. How helpful were each of the following in fulfilling your role as a foster parent? (Please check ONE option for each individual/group)

<table>
<thead>
<tr>
<th></th>
<th>Very Helpful</th>
<th>Sometimes Helpful</th>
<th>No Opinion</th>
<th>Not Helpful</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Child's guardian</td>
<td></td>
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<tr>
<td>b. Child's CPS worker</td>
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<tr>
<td>c. Child's worker</td>
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<tr>
<td>d. Deputy juvenile officer (DJO)</td>
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<tr>
<td>e. Court appointed special advocate (CASA)</td>
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<tr>
<td>f. Foster parent support groups</td>
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<tr>
<td>g. Church/Spiritual community</td>
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<td>h. Family or friend supports</td>
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<tr>
<td>i. School personnel</td>
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<tr>
<td>j. Mental health professionals</td>
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<tr>
<td>k. Healthcare professionals</td>
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<tr>
<td>l. Other (Please specify:)</td>
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<td></td>
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</tbody>
</table>

11. Which was the most common reason you called the worker? (Please check ONE)

a. Need resources (e.g., counselor, daycare, etc.)
|   |                |                |            |             |               |
| b. Discuss child(ren)'s behavior      |                |                |            |             |               |
| c. Provide update on child(ren)       |                |                |            |             |               |
| d. Difficulty receiving maintenance payment |              |                |            |             |               |
| e. Request removal of child from the home |              |                |            |             |               |
| f. Other (Please specify:)             |                |                |            |             |               |

12. Have you ever asked to have a child removed from your home? (Please check ONE)

a. Yes
b. No (If No, please skip to question 13)

12a. If Yes, why have you requested that a child be removed from your home? (Please check ALL that apply)

a. Allegations of abuse or neglect
b. Birth parent threat to family safety
c. Worker attitude
d. Child's medical needs
e. Criminal activity
f. Cross cultural placement issues
g. Delays in board payment or other reimbursements
h. Destructive behavior
i. Fire safety
j. Foster family illness/crisis
k. Foster family move
l. Inappropriate sexual behavior
m. Lack of appropriate or timely services
n. Lack of caseworker contact and support
o. Lack of respite
p. Mental health issues
q. Pregnancy of foster child
r. Pregnancy of foster family member
s. Severe behavior problems
t. Substance abuse
u. Other (Please specify: ___________________________)

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12b. What could have helped you keep that child in your home? (Please check ALL that apply)

a. ___ More information upfront about child’s needs and behavior
b. ___ More intensive treatment for the child
c. ___ More contact by worker
d. ___ Fewer children in the home so I could manage this child
e. ___ More practical help/advice from agency
f. ___ A higher board rate
g. ___ Respite
h. ___ Nothing would have helped
i. ___ Other (Please specify: ____________________________)

C. Training

13. Please answer each of the following items as it relates to the training that you received from check ONE response for each statement)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I felt able to help the child(ren) placed in my home after the training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. The skills learned in training were reinforced by the child’s worker.</td>
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<tr>
<td>c. The placements were like those described in the training.</td>
<td></td>
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<tr>
<td>d. The training I received was consistent with my needs as a foster parent.</td>
<td></td>
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<tr>
<td>e. My schedule was considered when acquiring the hours of required training.</td>
<td></td>
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</tr>
</tbody>
</table>

14. What training method have you found to be more effective in meeting your needs as a foster parent? (Please check ALL that apply)

a. ___ Foster/adoptive parent training seminars
b. ___ Videos or teleconferences
c. ___ Community based workshops
d. ___ Literature (e.g., books, manuals, pamphlets, etc.)
e. ___ No preference
f. ___ Other (Please specify: ____________________________)

15. Please indicate your interest in attending training on these topics: (Please check **ONE** option for each topic)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Already Attended Training</th>
<th>No Interest</th>
<th>Interested in Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td></td>
<td></td>
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<tr>
<td>Allegations of abuse and neglect against foster parents</td>
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<tr>
<td>Anger management</td>
<td></td>
<td></td>
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<tr>
<td>Attachment Disorder</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Attention Deficit Disorder</td>
<td></td>
<td></td>
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<tr>
<td>worker and foster parent relationships</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CPS worker and foster parent relationships</td>
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<td></td>
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<tr>
<td>Child development</td>
<td></td>
<td></td>
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<tr>
<td>Child/Family visits</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Children affected by HIV/AIDS</td>
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<tr>
<td>Communication skills</td>
<td></td>
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<tr>
<td>Confidentiality</td>
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<td></td>
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<tr>
<td>Developmentally disabled children</td>
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<td></td>
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<tr>
<td>Effective discipline techniques</td>
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<tr>
<td>Emotionally disturbed children</td>
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<tr>
<td>Foster parents and school problems</td>
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<tr>
<td>Foster parents' rights</td>
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<tr>
<td>Gangs and cults</td>
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<tr>
<td>Grief/loss feelings when foster child leaves your home</td>
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<tr>
<td>Impact of fostering on your family</td>
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<tr>
<td>Independent living issues</td>
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<tr>
<td>Legal issues</td>
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<td></td>
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<tr>
<td>Life books</td>
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<td></td>
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<tr>
<td>Lying and stealing</td>
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<tr>
<td>Managing medications</td>
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<td></td>
<td></td>
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<tr>
<td>Mental health system</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Oppositional Defiant Behavior</td>
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<tr>
<td>Parenting the gay or lesbian teen</td>
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<td></td>
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<tr>
<td>Parenting the sexually abused child</td>
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<tr>
<td>Permanency</td>
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<td></td>
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<tr>
<td>Placement timeframes</td>
<td></td>
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<tr>
<td>Reunification</td>
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<tr>
<td>Running away</td>
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<td></td>
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<tr>
<td>Self-esteem</td>
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<td></td>
<td></td>
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<tr>
<td>Separation and loss</td>
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<td></td>
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<tr>
<td>Stress management</td>
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<td></td>
<td></td>
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<tr>
<td>Substance and alcohol abuse</td>
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<td></td>
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<tr>
<td>Substance-exposed infants and children</td>
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<tr>
<td>Suicide and depression</td>
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<td></td>
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<tr>
<td>Talking about sex with your child</td>
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<td></td>
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<tr>
<td>Violence in schools</td>
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<tr>
<td>Working with birth families</td>
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<tr>
<td>Other (please specify):</td>
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</tbody>
</table>
26. Do you have adopted children?  
   __Yes  __No  
   If yes, how many?_______

27. Do you currently have foster children?  
   __Yes  __No  
   If yes, how many?_______

28. How long have you been a certified foster parent? __years  __months

29. What is the total number of foster children for whom you have cared? _____

THANK YOU for completing the survey.  
Please return it in the envelope that is provided.