

# Attachment E

## Drug Endangered Children Protocol Feedback Form: Law Enforcement

**DO NOT** include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

1. Date protocol was initiated: \_\_\_\_\_

2. Age and gender of child(ren) involved:

\_\_\_\_\_

3. To what degree was this protocol helpful to you in dealing with the child(ren)?  
Very Helpful 1.....2.....3.....4.....5 Not Helpful at all  
Comments:

4. How well were you able to complete the exposure information on the form to reflect the situation at the scene?  
Very Completely 1.....2.....3.....4.....5 Very Incompletely  
Comments:

5. How quickly did the health care provider receive the exposure information?  
Immediately 1.....2.....3.....4.....5 Not At All  
Comments:

6. How could this protocol have been improved?

Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please return to:** \_\_\_\_\_