Residential Program Evaluation Form

Program Name: Date:

Program Rep's Name/Position:

1) Is your facility licensed and accredited?

2) Can you tell me about the credentials, experience, and other qualifications of your staff?

3) Can you explain your facility's philosophy or approach to treatment?

4) Can you describe a typical day in treatment?

5) How will you keep my child safe?

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6) What type of educational support do you provide?

7) What role do parents play in the treatment process at your facility?

8) What family support services do you provide?

9) What type of posttreatment support does your facility provide?

10) Can I visit your facility or take a virtual tour?