Foreign Provider Report Card

To ensure our families have the best experience possible while in the hands of our partner agencies in other countries we ask our families to tell us about their trip. Please give examples and names where appropriate. Comment section will expand to accommodate as much as you want or need to say.

|  |  |
| --- | --- |
| Family Name (can be left blank): |  |
| Country adopting from: |  |
| Name of Foreign Provider: |  |

Please rate the following based on your personal experience where:

5 = Extremely Pleased 4 = Pleased 3 = Neutral 2 = Displeased 1 = Extremely Displeased

|  |  |  |  |
| --- | --- | --- | --- |
| Service | Rating |  | Comments |
| Assistance |  |  |  |
| Availability |  |  |  |
| Friendliness |  |  |  |
| Translation  |  |  |  |
| Transportation |  |  |  |