



Wraparound/REACH Disenrollment Family Survey

Youths Name: _____ DOB: _____
Care Coordinators Name: _____ Care Coord. Agency _____

You are now getting ready to leave the Wraparound or the REACH program. We would like to know how we did! Please circle the letter of the answer that best tells us how you feel.



Satisfaction

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does not apply to me
1. I feel my family has made significant progress in meeting the Family Vision we have been working towards	A	B	C	D	F	X
2. My child's educational need have been met	A	B	C	D	F	X
3. Overall, I feel that Wraparound helped me empower my family to handle challenging situations	A	B	C	D	F	X



Respect

	A	B	C	D	F	X
4. I feel Wraparound has been sensitive to my cultural, ethnic and religious needs	A	B	C	D	F	X
5. I feel my family and I were treated with respect while enrolled in Wraparound	A	B	C	D	F	X



Care/Services

	A	B	C	D	F	X
6. After disenrollment from Wraparound I will know how to get services and supports that my family may still need	A	B	C	D	F	X
7. If my family does have a crisis, I believe the final Crisis Plan my Team developed will help us	A	B	C	D	F	X
8. Overall, I believe the care provided to me and my family was helpful	A	B	C	D	F	X

9. I would recommend this program to a friend	YES	NO
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On a scale of 1-10 (1 being very poor, 10 being very good), rate how you feel your family was doing when you first enrolled in Wraparound: (circle one) 1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 (1 being very poor, 10 being very good), rate how you feel your family is doing now: (circle one) 1 2 3 4 5 6 7 8 9 10

Signature of person completing this survey: _____

Relationship to Youth: _____ Date: _____



In appreciation for filling out this survey, we would like to enter your name into a drawing for a \$25.00 Pick-N-Save gift certificate! Please fill out your name and address below if you would like to be entered into the drawing.

Name: (please print) _____

Address: _____

☺ Thanks for your help!