

WRAPAROUND FIDELITY INDEX, SHORT FORM

TRANSITION-AGE YOUTH FORM

This survey is for a **transition-age youth** in Wraparound. We want to ask you about the experiences that you have had as part of the Wraparound program so we can make it better. You do not have to answer any questions that you don't want to, and you may stop your participation at any time.

YOUTH & FAMILY INFORMATION

| Form completed on: | How old are you? | | | | | |
|---|---|--|--|--|--|--|
| // / MM DD YYYYY Wraparound Site Location: | What is your gender? Male Female Transgender | | | | | |
| Youth ID: | Are you of Hispanic descent? | | | | | |
| Wraparound Care Coordinator ID: | What is your race? American Indian or Alaska Native Asian African American Native Hawaiian/Pacific Islander | | | | | |
| Are you currently enrolled in Wraparound? | White Multi-Racial: Other: | | | | | |

SECTION A: WRAPAROUND INVOLVEMENT

| Fo | For the following statements, please answer "Yes" if you agree or "No" if you disagree. | | | | | | |
|----|---|---|-----|----|--|--|--|
| | | | Yes | No | | | |
| | A1. | Do you have a Wraparound team? (A Wraparound team is a group of people who make plans about how to help you). | | | | | |
| | A2. | Does your team have a written plan (e.g., Wraparound Plan or Plan of Care) that says who will do what and how it will happen? | | | | | |
| | A3. | Does your team meet regularly (at least every month or so)? | | | | | |
| | A4. | Do you help make the decisions about your Wraparound plan and the services you get? | | | | | |
| | _ | | | | | | |







SECTION B: EXPERIENCES IN WRAPAROUND

For the following statements, please think about your experiences with Wraparound. Indicate how much you agree with each statement with the options, "Strongly Agree", "Agree", "Neutral", "Disagree", "Strongly Disagree", or "Don't Know".

| | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Don't Know |
|------|---|-------------------|-------|---------|----------|----------------------|---------------|
| B1. | I had a major role in choosing the people on my Wraparound team. | | | | | | |
| B2. | There are important people who help me who are <u>not</u> involved in my Wraparound team. | | | | | | |
| B3. | At the beginning of Wraparound, I described my vision of a better future to my team. | | | | | | |
| B4. | My Wraparound team came up with ideas for my plan that were different from anything that I tried before. | | | | | | |
| B5. | My team and I chose a few really important things to focus on. | | | | | | |
| B6. | My Wraparound plan tries to help all members of my family as necessary. | | | | | | |
| B7. | I sometimes feel like my team does not include the right people to help me. | | | | | | |
| B8. | At every meeting, my team goes over the progress that has been made on meeting my needs. | | | | | | |
| B9. | Because of Wraparound, I feel like I get more support from friends and family. | | | | | | |
| B10. | Wraparound has helped me build relationships with people who I can count on. | | | | | | |
| B11. | At every meeting, my team celebrates at least one success or positive event. | | | | | | |
| B12. | My Wraparound team does not have any friends, neighbors, or extended family members involved. | | | | | | |
| B13. | Wraparound has helped me get connected to services that were really helpful. | | | | | | |
| B14. | Wraparound helps me get involved in things that I like to do. | | | | | | |
| B15. | Sometimes the people on my team don't do the things they're supposed to do. | | | | | | |
| B16. | Some of the people on my team are people who are not paid to be there, like friends, family, or church members. | | | | | | |
| B17. | Sometimes I feel like people on my Wraparound team don't understand me. | | | | | | |





WRAPAROUND FIDELITY ASSESSMENT SYSTEM



| | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Don't Know |
|------|--|-------------------|-------|---------|----------|----------------------|---------------|
| B18. | Some of the ideas that my Wraparound team comes up with are things I can do myself or with help from friends and family. | | | | | | |
| B19. | My Wraparound team helps me get along with others, do well in school, and stay out of trouble. | | | | | | |
| B20. | Because of Wraparound, if there is a crisis or emergency, I know what to do. | | | | | | |
| B21. | My team has talked about how I will know it is time to end Wraparound. | | | | | | |
| B22. | At team meetings, I have a chance to tell everyone how I think Wraparound is going. | | | | | | |
| B23. | I think the Wraparound process could end before my needs have been met. | | | | | | |
| B24. | Wraparound helps me solve my problems. | | | | | | |
| B25. | Wraparound has connected me to people and services that really help me. | | | | | | |

SECTION C: SATISFACTION

For the following statements, please think about your satisfaction with Wraparound. Indicate how much you agree with each statement.

| | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Don't Know |
|-----|--|-------------------|-------|---------|----------|----------------------|------------|
| C1. | I am satisfied with the Wraparound process in which I have participated. | | | | | | |
| C2. | I am satisfied with the progress I have made since starting Wraparound. | | | | | | |
| СЗ. | Since starting Wraparound, I have started to meet my needs. | | | | | | |
| C4. | Since starting Wraparound, I feel like things have improved. | | | | | | |

Do you have any additional comments about your experiences in Wraparound or your satisfaction with Wraparound?



