

# 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?  What is your gender?  Male Female	Transgende	r
Youth ID:	Are you of Hispanic descent  Yes No  What is your race?	?	'
Wraparound Care Coordinator ID:	American Indian or Alaska Native Asian African American Native Hawaiian/Pacific Islander White		
Are you currently enrolled in Wraparound?  Yes No	Multi-Racial: Other:		
SECTION A: WRAPAROUND INVOLVEMENT			
For the following statements, please answer "Yes" if you agree o	or "No" if you disagree.	Yes	No
A1. Do you have a Wraparound team? (A Wraparound te plans about how to help you).	am is a group of people who make		
A2. Does your team have a written plan (e.g., Wraparound who will do what and how it will happen?	d Plan or Plan of Care) that says		
A3. Does your team meet regularly (at least every month	or so)?		
A4. Do you help make the decisions about your Wraparon	und plan and the services you get?		
National Wraparound Implementation Center		WER	Wraparound Evaluation & Research Team

#### WRAPAROUND FIDELITY ASSESSMENT SYSTEM



## 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.						
ВЗ.	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.						
В6.	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



		Agree	Agree	Neutral	Disagree	Disagree	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.						
ECTIO	ON C: SATISFACTION						
or the j	following statements, please think about your satisfaction with Wraparo	und. Indica	te how mu	ıch you ag	ree with e	ach stater	nent.
or the j	following statements, please think about your satisfaction with Wraparo	und. Indica Strongly Agree	te how mu	uch you ag Neutral	ree with e	ach staten Strongly Disagree	
C1.	following statements, please think about your satisfaction with Wraparo  I am satisfied with the Wraparound process in which I have participated.	Strongly				Strongly	nent.  Don't Know
	I am satisfied with the Wraparound process in which I have	Strongly				Strongly	
C1.	I am satisfied with the Wraparound process in which I have participated.  I am satisfied with the progress I have made since starting	Strongly				Strongly	
C1. C2.	I am satisfied with the Wraparound process in which I have participated.  I am satisfied with the progress I have made since starting Wraparound.	Strongly				Strongly	
C1. C2. C3. C4.	I am satisfied with the Wraparound process in which I have participated.  I am satisfied with the progress I have made since starting Wraparound.  Since starting Wraparound, I have started to meet my needs.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	



