

FOR USE BY PROGRAM STAFF ONLYThis form was: Completed by the Facilitator Completed by program staff as part of an interview**Wraparound Fidelity Index Short Form (WFI-EZ)
FACILITATOR FORM**

This survey is for a **facilitator** involved in wraparound. We want to ask you about the experiences that this family has had as part of the Wraparound program. You do not have to answer any questions that you don't want to, and you may stop your participation at any time.

Thank you very much for your time.

Youth Information

Form completed on...

__/__/__

Youth/Family ID

Wraparound Site Location:

Is your child of Hispanic descent?

 Yes No

Who has legal custody of the child?

- Two birth parents OR one birth parent and one step parent
- Birth mother only
- Birth father only
- Adoptive parent(s)
- Foster parent(s)
- Sibling(s)
- Aunt and/or uncle
- Grandparent(s)
- Friend(s)
- Ward of the state
- Other (please specify): _____

Wrap-Facilitator ID

What is the child's birthday?

__/__/____ (MM/DD/YYYY)

How old is the child?

Child's Gender:

 Male Female

How many months has the family been participating in Wraparound? _____

What is the child's race?

- African American
- Asian/Pacific Islander
- Caucasian
- Mixed Race
- Native-American/Alaska Native
- Other (please specify) _____

Section A: Basic Information

For the following questions, please respond either "Yes," or "No."

	Yes	No
A1: The family is part of a wraparound team AND this team includes more members than just the family and one professional (e.g., yourself)	<input type="checkbox"/>	<input type="checkbox"/>
A2: The family has a written plan (wraparound plan or plan of care) that describes strategies, action steps, and who is responsible.	<input type="checkbox"/>	<input type="checkbox"/>
A3: The team meets regularly (at least every 30-45 days)	<input type="checkbox"/>	<input type="checkbox"/>
A4: The wraparound team's decisions are based on input from the family.	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B20: An effective crisis plan is in place that ensures this family knows what to do in a crisis.	<input type="checkbox"/>					
B21: The wraparound team and the family have talked about how they will know it is time to transition out of formal wraparound.	<input type="checkbox"/>					
B22: The family gives feedback about how the wraparound process is working for them at each team meeting.	<input type="checkbox"/>					
B23: It is possible that the wraparound process could end before the family's needs have been met.	<input type="checkbox"/>					
B24: Because of the wraparound process, I am confident that the family will be able to manage future problems.	<input type="checkbox"/>					
B25: The family has been connected to community support and services that meet their needs	<input type="checkbox"/>					
Any additional comments about this family's experiences in wraparound, or about this wraparound experiences in general?	<hr/> <hr/> <hr/>					

Section D: Outcomes

For the following questions, please respond either "Yes," or "No."

	Yes	No	Don't Know
D1: Since starting wraparound, this child or youth has had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2: Since starting wraparound, this child or youth has been treated in an Emergency Room due to a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3: Since starting wraparound, this child or youth has had a negative contact with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4: Since starting wraparound, this child or youth has been suspended or expelled from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Much	A Good Deal	A Little Bit	Not at All	Don't Know
<i>In the past month, the child or youth has experienced...</i>					
D6: Problems that disrupt home life	<input type="checkbox"/>				
D7: Problems that interfere with success at school	<input type="checkbox"/>				
D8: Problems that make it difficult to develop or maintain friendships	<input type="checkbox"/>				
D9: Problems that make it difficult to participate in community activities	<input type="checkbox"/>				

Any additional comments about your satisfaction with wraparound, or about what has happened to this child/youth since the start of wraparound?
