



Wraparound/REACH Disenrollment Youth 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 liked my Care Coordinator	A	B	C	D	F	X
2. I liked the services I received	A	B	C	D	F	X



Respect

	A	B	C	D	F	X
3. Wraparound was sensitive to my cultural, ethnic and religious needs	A	B	C	D	F	X
4. I feel I was treated with respect while enrolled in Wraparound	A	B	C	D	F	X



School/Family/Community

	A	B	C	D	F	X
5. I am doing better in school that I did before	A	B	C	D	F	X
6. I am getting along better with my family than I did before	A	B	C	D	F	X
7. I feel my behavior has gotten better since I was enrolled in Wraparound	A	B	C	D	F	X
8. I would recommend this program to a friend	YES			NO		

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: _____ Date: _____



In thanks 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! ☺