

Family/Caregiver Satisfaction Tool Version 2.0

How to complete this tool:

- Parent or caregiver completes the tool.
- When completed at baseline, survey is intended to reflect parent or caregiver’s experience with a previous team (if any) such as an IEP or 504 team.
- When completed during or after wrap services, the survey is intended to reflect parent or caregiver’s experience with the current wrap team.

Student name: _____ **Student ID:** _____

- 1) Date tool completed: _____
- 2) What type of team have you worked with in the past? *(Answer only at baseline.)*
- | | |
|---|--|
| <input type="checkbox"/> Child and family wrap team | <input type="checkbox"/> Other agency-led team |
| <input type="checkbox"/> Special Ed/IEP team | <input type="checkbox"/> Other school team |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Not applicable |
- 3) What is your relationship with this child?
- | | |
|---|---|
| <input type="checkbox"/> Biological/adoptive parent | <input type="checkbox"/> Primary childcare worker |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other: |

We are interested in your thoughts about this service/process. Please answer each question as honestly as you can.

| To what extent have members on your team provided the following? | Not at all | Slightly | Some-what | A great deal |
|--|------------|----------|-----------|--------------|
| 4) Scheduled meetings at convenient times for you to meet? | 1 | 2 | 3 | 4 |
| 5) Returned phone calls in a timely manner? | 1 | 2 | 3 | 4 |
| 6) Included you in decisions about your child and family? | 1 | 2 | 3 | 4 |
| 7) Asked you about the needs and strengths of your entire family? | 1 | 2 | 3 | 4 |
| 8) Treated you with respect? | 1 | 2 | 3 | 4 |
| 9) Improved your family’s quality of life overall? | 1 | 2 | 3 | 4 |
| 10) Improved your ability to care for your child? | 1 | 2 | 3 | 4 |
| 11) Eased your worries about the future well-being of your child? | 1 | 2 | 3 | 4 |

| To what extent have members on your team provided the following? | Not at all | Slightly | Some-what | A great deal |
|--|----------------------|-----------------|---------------|--------------------|
| 12) Given you information about your community resources? | 1 | 2 | 3 | 4 |
| 13) Helped you understand your child's strengths? | 1 | 2 | 3 | 4 |
| 14) Helped you understand your child's needs? | 1 | 2 | 3 | 4 |
| 15) Helped you understand your family's strengths? | 1 | 2 | 3 | 4 |
| 16) Helped you understand your family's needs? | 1 | 2 | 3 | 4 |
| 17) Helped you understand how to use strengths and needs to work with your child? | 1 | 2 | 3 | 4 |
| 18) Helped you obtain services for your child and family that you were unable to get before? | 1 | 2 | 3 | 4 |
| 19) Increased your ability to get involved with your child's school? | 1 | 2 | 3 | 4 |
| | Very unlikely | Unlikely | Likely | Very likely |
| 20) How likely would you repeat this process if your family needed assistance in the future? | 1 | 2 | 3 | 4 |
| 21) How likely would you recommend this process to a friend? | 1 | 2 | 3 | 4 |

22) If a friend were to ask you about this experience, what would you tell him or her?

We appreciate your comments.

Thank you! ☺