

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

This survey is for a **team member** 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 (The person who gave you this form will fill this out for you)

Your Name (Or assigned ID)

Wraparound Site Location:

Are you a part of the family's "wraparound team"?

Yes No

How long have you KNOWN the family?

How long have you been working with this youth/family on this wraparound team?

What is your relationship to the youth/child?

- Birth/Adoptive parent
 Stepparent
 Foster parent
 Live-in partner of parent
 Sibling
 Aunt or Uncle
 Grandparent
 Cousin
 Other Family Relative
 Adult Friend
 Youth friend
 Parent support partner/peer professional
 Mentor
 Therapist/Clinician
 Case Worker
 Respite Worker
 Residential/Group home staff
 Probation officer
 Teacher/school staff
 Minister/faith based
 Youth support partner
 Community Member (please specify):

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., Facilitator)	<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 your family's experiences in wraparound, or about your wraparound experiences in general?
