

**Illinois Statewide Technical Assistance Center (ISTAC)
Systematic Information Management for Educational Outcomes (SIMEO)
Family/Caregiver Satisfaction Tool (FS-T): FY09**

Time 1/Baseline Collected no later than 30 days from referral and before first meeting	Time 2 Collected 3 months after initial meeting or before the school year ends	Time 3 Collected 6 months after initial meeting or before the school year ends	Time 4 Collected 9 months after initial meeting or before the school year ends
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How to complete this form:

- Parent or caregiver completes the form
- When completed at baseline, survey is intended to reflect parent or caregiver's experience with a previous team (if any) such as a special education IEP team
- At Time 2,3, & 4 survey is intended to reflect parent or caregiver's experience with the current child and family wraparound team

1) Date tool was completed: _____

2) Please identify the period of assessment:

- Time 1/Baseline Time 2 Time 3 Time 4 Time 5 Time 6
 Time 7 Time 8 Time 9 Time 10 Discharge

3) Student Name: _____ 4) Student ID: _____

5) What type of team have you worked with in the past? *(Answer only at baseline)*

- Child and family wrap team Other agency led team
 Special Ed/IEP team Other School Team
 Other: _____

6) What is your relationship with this child?

- biological/adoptive parent primary childcare worker
 foster parent therapist
 relative 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
7) scheduled meetings at convenient times for you to meet?	1	2	3	4
8) returned phone calls in a timely manner?	1	2	3	4
9) included you in decisions about your child and family?	1	2	3	4
10) asked you about the needs and strengths of your entire family?	1	2	3	4
11) treated you with respect?	1	2	3	4
12) improved your family's quality of life overall?	1	2	3	4
13) improved your ability to care for your child?	1	2	3	4

Name of Youth _____ /Date _____

To what extent have members on your team provided the following...	not at all	slightly	some-what	a great deal
14) eased your worries about the future well-being of your child?	1	2	3	4
15) given you information about your community resources?	1	2	3	4
16) helped you understand your child's strengths?	1	2	3	4
17) helped you understand your child's needs?	1	2	3	4
18) helped you understand your family's strengths?	1	2	3	4
19) helped you understand your family's needs?	1	2	3	4
20) helped you understand how to use strengths and needs to work with your child?	1	2	3	4
21) helped you obtain services for your child and family that you were unable to get before?	1	2	3	4
22) increased your ability to get involved with your child's school?	1	2	3	4

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

	very unlikely			very likely
24) How likely would you repeat this process if your family needed assistance in the future	1	2	3	4
25) How likely would you recommend this process to a friend?	1	2	3	4

We appreciate your comments.

Thank you! ☺

Facilitator Instructions: Please assist or read to respondent who may need help reading or understanding items.