

**Illinois Statewide Technical Assistance Center (ISTAC)
Systematic Information Management for Educational Outcomes (SIMEO)
Youth Satisfaction Tool (YS-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 school year ends	Time 3 Collected 6 months after initial meeting or before school year ends	Time 4 Collected 9 months after initial meeting or before school year ends
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How to complete this form:

- Youth completes the form
- When completed at baseline, survey is intended to reflect youth'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 youth's experience with his/her 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: _____

To what extent have members on your team...	not at all	slightly	some-what	a great deal
5) included you in the team meetings?	1	2	3	4
6) included you in decisions?	1	2	3	4
7) asked you about your needs?	1	2	3	4
8) treated you with respect?	1	2	3	4
9) asked you about your strengths?	1	2	3	4
10) asked you about your family's strengths?	1	2	3	4
11) asked you about your family's needs?	1	2	3	4
12) helped you understand how to use your strengths and needs?	1	2	3	4
13) involved you in activities and programs that were beneficial?	1	2	3	4
14) increased your ability to get involved with your school?	1	2	3	4

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