

# Family/Caregiver Satisfaction Tool Version 2.0

Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)

<b>Time 1/Baseline</b> Collected no later than 30 days from referral and before first meeting	<b>Time 2</b> Collected 3 months after initial meeting or before the school year ends	<b>Time 3</b> Collected 6 months after initial meeting or before the school year ends	<b>Time 4</b> Collected 9 months after initial meeting or before the school year ends
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**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 a special education IEP team
- At Time 2,3, 4, and so forth survey is intended to reflect parent or caregiver's experience with the current child and family wraparound team

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Please identify the period of assessment:**

<input type="checkbox"/> Time 1/Baseline	<input type="checkbox"/> Time 2	<input type="checkbox"/> Time 3	<input type="checkbox"/> Time 4	<input type="checkbox"/> Time 5
<input type="checkbox"/> Time 6	<input type="checkbox"/> Time 7	<input type="checkbox"/> Time 8	<input type="checkbox"/> Time 9	<input type="checkbox"/> Time 10
<input type="checkbox"/> Time 11	<input type="checkbox"/> Time 12	<input type="checkbox"/> Time 13	<input type="checkbox"/> Time 14	<input type="checkbox"/> Time 15
<input type="checkbox"/> Time 16	<input type="checkbox"/> Time 17	<input type="checkbox"/> Time 18	<input type="checkbox"/> Time 19	<input type="checkbox"/> Discharge

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
	<b>Very unlikely</b>	<b>Unlikely</b>	<b>Likely</b>	<b>Very likely</b>
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! ☺**

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