

Youth Satisfaction Tool Version 2.0

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

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 tool:

- Youth completes the tool
- 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, and so forth, survey is intended to reflect youth's experience with his/her 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: _____

To what extent have members on your team...	Not at all	Slightly	Some-what	A great deal
2) Included you in the team meetings?	1	2	3	4
3) Included you in decisions?	1	2	3	4
4) Asked you about your needs?	1	2	3	4
5) Treated you with respect?	1	2	3	4
6) Asked you about your strengths?	1	2	3	4
7) Asked you about your family's strengths?	1	2	3	4
8) Asked you about your family's needs?	1	2	3	4
9) Helped you understand how to use your strengths and needs?	1	2	3	4
10) Involved you in activities and programs that were beneficial?	1	2	3	4
11) 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.*