




# Wraparound/REACH Disenrollment Progress Report

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Care Coordinator: \_\_\_\_\_ Agency: \_\_\_\_\_


**You are now getting ready to leave the Wraparound or the REACH program. We would like to know what kind of progress you feel you has been made.**

 <b>Parent / Guardian Questions</b>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Doesn't Apply
1. I feel my family has made significant progress in meeting the Family Vision we have been working towards.	1	2	3	4	5	n/a
2. I feel my child's educational needs have been met.	1	2	3	4	5	n/a
3. Overall, I feel that Wraparound/REACH helped me be more able to handle challenging situations.	1	2	3	4	5	n/a
4. I feel that I have family, friends and community resources that will be there for me and my family if we need them.	1	2	3	4	5	n/a
5. If my family does have a crisis, I believe the final Crisis Plan my Team developed will help us.	1	2	3	4	5	n/a
6. After disenrollment I will know how to get services and supports that my family may still need.	1	2	3	4	5	n/a

On a scale of 1-5 (1 being very poor, 5 being very good):

How do you feel your family was doing when first enrolled? (circle one)      1      2      3      4      5

How do you feel your family is doing now?      1      2      3      4      5

 <b>Youth Questions</b>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Doesn't Apply
1. I feel that I'm doing better in school than I was before	1	2	3	4	5	n/a
2. I feel like I'm getting along better with my family than I did before.	1	2	3	4	5	n/a
3. I feel like I'm getting along better with my friends than I did before.	1	2	3	4	5	n/a
4. I feel my behavior is better since I was enrolled.	1	2	3	4	5	n/a

On a scale of 1-5 (1 being very poor, 5 being very good):

How do you feel you were doing when you first enrolled? (circle one)      1      2      3      4      5

How do you feel you are doing now?      1      2      3      4      5

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_