

The following data collection form was developed by Dr. Susan Wagner of Data Driven Enterprises in collaboration with UPLIFT, Wyoming's Federation of Families for Children's Mental Health and Statewide Family Network (www.upliftwy.org).

Questions were developed to collect required information and data based on current contracts in addition to paralleling the State of Wyoming Mental Health Statistics Improvement Program (MHSIP) Consumer Survey for consumers and family members accessing services at Community Mental Health Centers.

Family and Youth Skill Assessment at Intake forms are to be completed by families and youth (14 years or older) at the time of intake or at the beginning of your organization's service program. ***Family and Youth Feedback*** forms are to be completed by families and youth (14 years or older) every six months or at case closure. The feedback responses can be matched and compared to the responses at intake to show program outcomes.

This sample form is shared with permission and your organization may customize it to meet your specific data needs.

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YOUTH FEEDBACK FORM

Please provide us with the following information. We will use this information to improve your services.

A. BACKGROUND INFORMATION

Your First Name: _____

Today's Date: _____

1. What is your gender: Male Female
2. What is your age range?
 16-18 years 19-21 years 22-24 years 25-26 years
3. Please indicate the type of disability/disorder you have (*check all that apply*):
 Emotional Developmental Physical Learning Other

4. What is your current living situation? Independent Apartment/Home
 Parent/Guardian Home Relative Home Foster Care Treatment Facility Other

5. Where are you currently receiving services (*check all that apply*):
 School Family Doctor/Pediatrician Dentist
 Private Counselor Community Mental Health Center Department of Family Services
 Substance Abuse Other _____

B. YOUTH BEHAVIOR

For each of the following skill areas, indicate your level of skill. Then indicate if UPLIFT's services and supports have had a positive impact on your skill level.

Skill Area	(1) Your skill level: (CIRCLE ONE RESPONSE)					(2) Did UPLIFT have a positive impact on your skill level?		
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No	Somewhat	Yes
1. I have a network of friends (my own age)	1	2	3	4	5	1	2	3
2. I interact appropriately with others.....	1	2	3	4	5	1	2	3
3. I get along with family members.....	1	2	3	4	5	1	2	3
4. I am able to cope when things go wrong.....	1	2	3	4	5	1	2	3
5. I can appropriately express feelings in difficult situations.....	1	2	3	4	5	1	2	3

B. YOUTH BEHAVIOR (CONTINUED)

Skill Area	(1) Your skill level: (CIRCLE ONE RESPONSE)					(2) Did UPLIFT have a positive impact on your skill level?		
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No	Somewhat	Yes
6. I have effective decision-making skills.....	1	2	3	4	5	1	2	3
7. I can control my behavior in difficult situations	1	2	3	4	5	1	2	3
8. I follow the rules.....	1	2	3	4	5	1	2	3
9. I am doing well in school and/or work.....	1	2	3	4	5	1	2	3
10. I regularly participate in positive activities outside of school and/or work.....	1	2	3	4	5	1	2	3

11. Is there anything else you would like to share with us?

C. FAMILY SKILLS

Skill Area	(1) Indicate your family's current level of skill: (CIRCLE ONE RESPONSE)					(2) Did UPLIFT have a positive impact on your family's skill level?		
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No	Somewhat	Yes
1. My family effectively communicates with each other.....	1	2	3	4	5	1	2	3
2. My family is able to cope when things go wrong.....	1	2	3	4	5	1	2	3
3. My family is able to understand my needs.....	1	2	3	4	5	1	2	3
4. My family advocates for me.....	1	2	3	4	5	1	2	3
5. My family regularly plans/participates in activities together.....	1	2	3	4	5	1	2	3
6. My family is able to access the services we need.....	1	2	3	4	5	1	2	3
7. My family receives the needed supports to help me live independently.....	1	2	3	4	5	1	2	3

E. UPLIFT SUPPORTS

How would you rate UPLIFT on the following:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Staff provide support to me.....	1	2	3	4	5
2. Staff advocate for me.....	1	2	3	4	5
3. Staff understand my strengths and needs.....	1	2	3	4	5
4. Staff coordinate services for me.....	1	2	3	4	5
5. Staff provide me with linkages to other services.....	1	2	3	4	5
6. Staff provide me with as much help as I need	1	2	3	4	5
7. Staff treat me with respect	1	2	3	4	5
8. Staff are sensitive to my culture	1	2	3	4	5
9. Staff help me to feel empowered.....	1	2	3	4	5
10. Staff help me to learn new skills.....	1	2	3	4	5

F. ADDITIONAL COMMENTS

1. Have any of the services offered by UPLIFT made a difference to you in any way? If so, please describe:

2. What is the best thing about UPLIFT?

3. How could UPLIFT better serve you and your family?

Thank You!