

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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Hope ~ Health ~ Well-Being

FAMILY FEEDBACK FORM

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

A. BACKGROUND INFORMATION

Child's First Name: _____ Today's Date: _____

- What is your relationship to the child: Parent Relative Foster Parent Other _____
- What is your gender: Male Female
- What is the child's age range?
 0-4 years 5-8 years 9-12 years 13-15 years 16-18 years 19+ years
- Please indicate the type of disability/disorder the child has (*check all that apply*):
 Emotional Developmental Physical Learning Other _____
- What is the child's current living situation?
 Parent/Guardian Home Relative Home Foster Care Treatment Facility Other _____
- Is the child currently in state custody? Yes No
- Where is the child 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 _____
- Where are you and/or your family 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. CHILD BEHAVIOR

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

Skill Area	(1) Indicate your level of agreement: (CIRCLE ONE RESPONSE)					(2) Did UPLIFT have a positive impact on the child's skill level?		
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No	Somewhat	Yes
1. The child has a network of friends (his/her own age).....	1	2	3	4	5	1	2	3
2. The child interacts appropriately with others.....	1	2	3	4	5	1	2	3
3. The child gets along with family members	1	2	3	4	5	1	2	3
4. The child is able to cope when things go wrong	1	2	3	4	5	1	2	3
5. The child expresses feelings in an appropriate way	1	2	3	4	5	1	2	3

B. CHILD BEHAVIOR (CONTINUED)

Skill Area	(1) Indicate your level of agreement: (CIRCLE ONE RESPONSE)					(2) Did UPLIFT have a positive impact on the child's skill level?		
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No	Somewhat	Yes
6. The child demonstrates effective decision-making skills.....	1	2	3	4	5	1	2	3
7. The child has control of his or her behavior.....	1	2	3	4	5	1	2	3
8. The child follows rules.....	1	2	3	4	5	1	2	3
9. The child is doing well in school and/or work.....	1	2	3	4	5	1	2	3
10. The child regularly participates in positive activities outside of school.....	1	2	3	4	5	1	2	3

11. Is there anything else you would like to share with us about the child's behavior?

C. FAMILY SKILLS

Skill Area	(1) Indicate your level of agreement: (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 the child's needs.....	1	2	3	4	5	1	2	3
4. My family advocates for the child.....	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 keep the child at home.....	1	2	3	4	5	1	2	3

D. FAMILY STRESS

How would you rate:	(1) Indicate your family's current level of stress: (CIRCLE ONE RESPONSE)					(2) Did UPLIFT have a positive impact on your family's level of stress?		
	Not at all	A little	Somewhat	Quite a bit	Very much	No	Somewhat	Yes
1. How tired or strained do you feel as a result of the child's situation?	1	2	3	4	5	1	2	3
2. In general, how much of a toll has the child's situation taken on your family?.....	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 my family	1	2	3	4	5
2. Staff advocate for my family	1	2	3	4	5
3. Staff understand the strengths and needs of my family	1	2	3	4	5
4. Staff coordinate services for my family	1	2	3	4	5
5. Staff provide linkages to other services for my family	1	2	3	4	5
6. Staff provide my family with as much help as we need	1	2	3	4	5
7. Staff treat my family with respect	1	2	3	4	5
8. Staff are sensitive to my family's culture	1	2	3	4	5
9. Staff help my family to feel empowered	1	2	3	4	5
10. Staff help my family 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!

As our way of saying thank you we would like to send you a \$25.00 gift card of your choice to Wal-Mart or Loaf n Jug. Indicate to whom and where we should mail this gift card:

Name: _____ Address: _____

Please choose _____ Wal-Mart _____ Loaf n Jug