

Family Involvement

County _____

Month _____ Year _____

Are you a graduate of the wraparound process? _____

Do you feel involved in the wraparound process with your Child and Family Team? _____

What would make you feel more involved in the wraparound process? _____

Do you participate in your Systems of Care Community? _____

Do you feel that your involvement is valuable? _____

Would you like to become more involved in your System of Care? _____

How would you like to be more involved in your System of Care? _____

What is preventing you of becoming more involved in your System of Care? _____
