

Care Plan Team Meeting Feedback Form

Wraparound Principles

Youth Name:	Meeting Date:
Your name and role on team:	

Question	Circle Y or N	Comments
Family Voice and Choice: Was the caregiver/youth listened to and did they have the final say when decisions needed to be made?	Y N	
Strength Based: Were team members using strengths based language, paying attention to the family's views?	Y N	
Natural Supports: Were the caregiver's family, friends, community supports present? Did they have a role in the Care Plan Team meeting?	Y N	
Individualized: Was the meeting individualized to fit the needs and culture of the family?	Y N	
Persistence: Did the team show persistence in finding solutions or generating options when difficulties arose?	Y N	
Outcome based: Are the goals and vision measurable so the family and the team know when they have met their goals/achieved their vision?	Y N	
Culturally Competent: Were the family's preferences, values and routines considered during the meeting?	Y N	
Community Based: Does the team use resources in the community to support the family?	Y N	
Team Based: Were the right people working with the youth on the team?	Y N	
Collaboration: Does the team work well together?	Y N	

If there is anything else you would like us to know about this meeting, or if you have other concerns that you would like us to follow up on with you, please feel free to write them down on the back of this form.