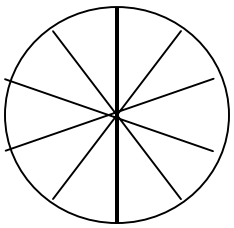
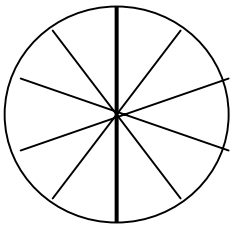
Wraparound Outcome Scale

Family: _____ **Facilitator:** _____

OUTCOME #1:

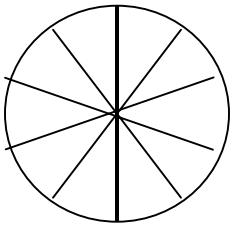
Beginning Scale/Date	
Family Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Team Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Scaling Date:	
Action to be Taken	

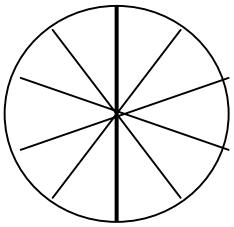




OUTCOME #2:

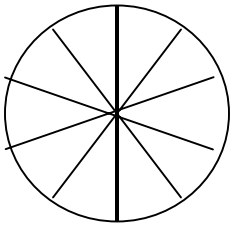
Begin Scale/Date:	
Family Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Team Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Scaling Date:	
Action to be Taken	

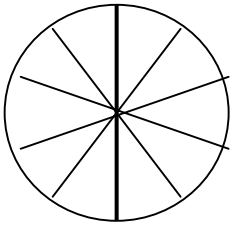




OUTCOME #3:

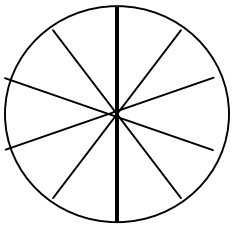
Begin Scale/ Date:	
Family Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Team Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Scaling Date:	
Action to be Taken	

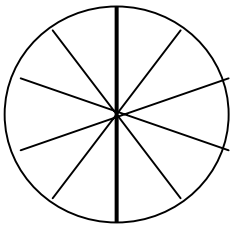




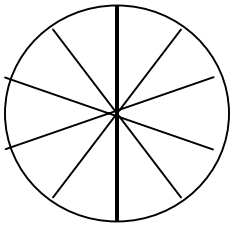
OUTCOME #4:

Begin Scale/Date	
Family Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Team Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Scaling Date:	
Action to be Taken	

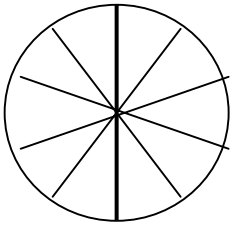




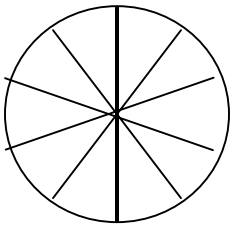
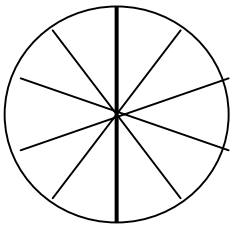
OUTCOME #5:



Begin Scale/Date	
Family Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Team Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Scaling Date:	
Action to be Taken	



OUTCOME #6:



Begin Scale/Date	
Family Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Team Scale	0___1___2___3___4___5___6___7___8___9___10___ No Progress Some Progress Completed
Scaling Date:	
Action to be Taken