

COMMUNITY CONNECTIONS

And Team Composition

QUESTIONNAIRE

INSTRUCTIONS: This questionnaire is designed to create a picture of all of the people, services, and activities that (Child's Name) has been connected to over the past 3 months. These connections might include family members, friends, neighbors, school, clubs, teams, church groups, therapists, or counselors.

First I will ask you to list these connections in five categories: family, friends, school/work, community, and formal services. Then we will go back through the list and I will ask you to rate the strength of your child's connections.

a. Let's start with the family category. Here I want you to name all parents, sisters, brothers, aunts, uncles, and grandparents...biological, adoptive, foster...people (Child's Name) considers to be family members and feels connected to.

(INTERVIEWER: For each Connection in all 5 categories, indicate if the connection is an adult [A], child [C], group of children [CG], mixed group of adults and children [MG], or sole activity [SA].)

b. Now let's go to the friends category. By friends I mean other kids, peers.

c. Next let's do the school/work category. The school she/he goes to, jobs, volunteer work.

d. Next please list (Child's name's) community connections...neighbors, clubs, teams, church, hobbies.

e. The last category is formal services... here we will include therapists, case workers, probation counselors, doctors, case aids, the paid professionals your child is connected to.

2. Rate the strength of your child's connection to each.
(3=strong; 2=moderate; 1=weak; 0=none)

Does your child have a care team (treatment team? Child and Family Team? Blended Funding Team? Wraparound team? IST team? Do people come together in a meeting to talk about services?) **IF YES, CONTINUE:**

3. a. For each team member, place a check mark or "Y" in the Team member column.
b. For team members only, rate how often they have attended your team meetings. (4=always, 3=frequently, 2=occasionally, 1=once, 0=never)
c. For team members only, indicate the primary type(s) of support this team member provides for you and/or your child. See examples below for explanation of each type. Include all that apply for each team member.

Definitions:

(4) Parent Support = Do you talk things over with this person before making decisions, when you need immediate assistance getting help and nobody else answers your call, when something bad or scary happens, or you trust you can share concerns with?

(3) Brainstorming = Does this person come to your team meetings, or talk to you outside of team meetings, just to offer various perspectives or new ideas, support you in making needed changes in services or providers? Do they help you find community contacts, activities, resources, etc?

(2) Child Support = Does this person help your child adjust to life, understand others, deal with challenges? Do they take the time to be with or listen to your child? Are they tolerant, kind, forgiving? Do fun or educational things with them?

(1) Provides Services = Either for pay or as a volunteer, does this person provide a service for you, your family, your team, or your child? Services could include (but aren't limited to) providing transportation, respite, therapy, training, child care/sitting, aide, professional consultation.

(0) None of the above

Child's Name: _____

Interviewee: _____

[illegible]

<i>Persons, Activities, or Services (1)</i>	<i>Adult, child, group, or solo (1)</i>	<i>Strength (2)</i>	<i>Team member (3a)</i>	<i>Attendance (3b)</i>	<i>Support (3c)</i>
School/Work					
Community					
Formal Services					