**Wraparound Integrity Tool July 2017**

***Directions: Consider assessing progress with the wraparound team one time per quarter, and using a scale of:***

5) In Place Perceived to be 81-100% in place

4) Mostly In Place Perceived to be 61-80% in place

3) Somewhat In Place Perceived to be 41-60% in place

2) Minimally In Place Perceived to be 21-40% in place

1) Not at All In Place Perceived to be 0-20% in place

0) NA Not Applicable

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| **STUDENT NAME OR ID:** | |  | | | | | | | | | | | | |
| **FACILITATOR:** | |  | | | | | | | | | | | | |
| **DATE:** |  | | **QUARTER:** | **1** | **2** | | **3** | | | **4** | | **BASELINE** | | |
| **FIDELITY** | | |
| **PLEASE INDICATE ALL PREVIOUS SCHOOL BEHAVIOR INTERVENTION RELATED MEETING(S) ATTENDED THAT REFLECT THE BASELINE RATING:** | | | | | | | | | | | | | | |
| IEP Meeting Suspension Manifestation Determination Meeting  Intervention Planning Meeting Parent/school conference  Not baseline assessment Other: (Please define) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **PHASE I: ENGAGEMENT** | | | | | | | | | | | | | | |
| **ITEM** | | | | | | **5** | | **4** | **3** | | **2** | | **1** | **0** |
| ***In Place*** | | ***Mostly In Place*** | ***Somewhat In Place*** | | ***Minimally In Place*** | | ***Not at All In Place*** | ***NA*** |
| 1. Met with family to gather their perspective and position | | | | | |  | |  |  | |  | |  |  |
| 1. Met with Key team members to gather various perspectives | | | | | |  | |  |  | |  | |  |  |
| 1. Generated a strengths list (multiple settings and perspectives) | | | | | |  | |  |  | |  | |  |  |
| 1. Generated at team member list with the family | | | | | |  | |  |  | |  | |  |  |
| 1. Team members list included natural supports | | | | | |  | |  |  | |  | |  |  |
| 1. Scheduled an initial Child/Family team meeting with the family | | | | | |  | |  |  | |  | |  |  |
| **PHASE I SUBTOTALS:**  **(COUNT # OF X’S IN THIS COLUMN, MULTIPLY TIMES VALUE OF COLUMN)** | | | | | |  | |  |  | |  | |  |  |

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| **PHASE II: INITIAL PLAN DEVELOPMENT** | | | | | | |
| **ITEM** | **5** | **4** | **3** | **2** | **1** | **0** |
| ***In Place*** | ***Mostly In Place*** | ***Somewhat In Place*** | ***Minimally In Place*** | ***Not at All In Place*** | ***NA*** |
| 1. Baseline data about strengths/needs documented and shared |  |  |  |  |  |  |
| 1. One or two child/family team meetings have taken place |  |  |  |  |  |  |
| 1. Data is collected from team members on an ongoing basis |  |  |  |  |  |  |
| 1. Data based decision making is integrated into the team process |  |  |  |  |  |  |
| 1. Strengths (Home/school/community) were documented and reviewed at meetings |  |  |  |  |  |  |
| 1. Needs (HSC) were documented and reviewed at meetings |  |  |  |  |  |  |
| 1. Reviewed family concerns as well as school concerns |  |  |  |  |  |  |
| 1. Reviewed needs that reflect a consensus of team member concerns |  |  |  |  |  |  |
| 1. Chose a few needs for team to focus action planning on |  |  |  |  |  |  |
| 1. Assigned special priority to family concerns |  |  |  |  |  |  |
| 1. 100% of chosen methods matched to child and family strengths |  |  |  |  |  |  |
| 1. Methods chosen reflect voice/choice of involved in implementing (family, teacher, child) |  |  |  |  |  |  |
| 1. Developed function based positive behavior support plans to address problem behaviors related to priority needs |  |  |  |  |  |  |
| 1. Behavior plans include clear outcomes/behaviors to establish teaching, practice, reinforcement strategies/timelines |  |  |  |  |  |  |
| 1. Community resources are being accessed as needed to meet needs identified by family |  |  |  |  |  |  |
| **PHASE II SUBTOTALS:**  **(COUNT # OF X’S IN THIS COLUMN, MULTIPLY TIMES VALUE OF COLUMN)** |  |  |  |  |  |  |

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| **PHASE III: PLAN IMPLEMENTATION AND REFINEMENT** | | | | | | | |
| **ITEM** | **5** | | **4** | **3** | **2** | **1** | **0** |
| ***In Place*** | | ***Mostly In Place*** | ***Somewhat In Place*** | ***Minimally In Place*** | ***Not at All In Place*** | ***NA*** |
| 1. Accomplishments of student and team are being documented |  | |  |  |  |  |  |
| 1. Team members are following through with activities, including function based positive behavior support plans at home, school, and community |  | |  |  |  |  |  |
| 1. Assessment of the plan is occurring on an ongoing basis |  | |  |  |  |  |  |
| 1. Team is meeting often enough to check follow through and assess progress |  | |  |  |  |  |  |
| 1. Family if regularly asked if actions provided meet needs |  | |  |  |  |  |  |
| 1. Behavior and academic date is regularly reviewed to identify progress and determine next steps |  | |  |  |  |  |  |
| 1. Adjustment of the plan is occurring based on family and team feedback including responsibilities for tasks |  | |  |  |  |  |  |
| 1. Team members receive regular documentation including data and plan updates |  | |  |  |  |  |  |
| 1. Plan included interventions that occur in home, school, and community |  | |  |  |  |  |  |
| 1. Crisis contingencies are negotiated and practiced in home, school, and community as needed |  | |  |  |  |  |  |
| 1. Communication occurs among those providing intervention in the home, school, and community |  | |  |  |  |  |  |
| **PHASE III SUBTOTALS:**  **(COUNT # OF X’S IN THIS COLUMN, MULTIPLY TIMES VALUE OF COLUMN)** | |  |  |  |  |  |  |

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| **PHASE IV: TRANSITION** | | | | | | | |
| **ITEM** | **5** | | **4** | **3** | **2** | **1** | **0** |
| ***In Place*** | | ***Mostly In Place*** | ***Somewhat In Place*** | ***Minimally In Place*** | ***Not at All In Place*** | ***NA*** |
| 1. Transitioning out of wraparound has been discussed with the whole team |  | |  |  |  |  |  |
| 1. Concerns of all team members have been considered in transition planning |  | |  |  |  |  |  |
| 1. Family is provided with a list of team member phone numbers who can be contacted is needed |  | |  |  |  |  |  |
| 1. Methods for future access to services are communicated to all team members |  | |  |  |  |  |  |
| 1. Family receives written documents highlighting their strengths and team accomplishments |  | |  |  |  |  |  |
| 1. Methods of introducing student and family to future teachers or providers are negotiated |  | |  |  |  |  |  |
| 1. Family has been given an opportunity to meet/interact with other families who have been through the process |  | |  |  |  |  |  |
| **PHASE IV SUBTOTALS:**  **(COUNT # OF X’S IN THIS COLUMN, MULTIPLY TIMES VALUE OF COLUMN)** | |  |  |  |  |  |  |

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| **PHASE TOTALS** | | | | | | | | |
|  | | | **5** | **4** | **3** | **2** | **1** | **0** |
| ***In Place*** | ***Mostly In Place*** | ***Somewhat In Place*** | ***Minimally In Place*** | ***Not at All In Place*** | ***NA*** |
| **PHASE I SUBTOTALS:** | | |  |  |  |  |  |  |
| **PHASE II SUBTOTALS:** | | |  |  |  |  |  |  |
| **PHASE III SUBTOTALS:** | | |  |  |  |  |  |  |
| **PHASE IV SUBTOTALS:** | | |  |  |  |  |  |  |
| **TOTALS:**  ***(ADD COLUMN SUBTOTALS)*** | | |  |  |  |  |  |  |
| **GRAND TOTAL:**  ***(ADD ALL TOTALS)*** | | |  | | | | | |
|  | | | | | | | | |
| **GRAND TOTAL RANGE:** | **ASSESSMENT:** | **NOTES/AREAS OF IMPROVEMENT:** | | | | | | |
| 195 – 157 | In Place |  | | | | | | |
| 156 – 118 | Mostly In Place |  | | | | | | |
| 117 – 79 | Somewhat In Place |  | | | | | | |
| 78 – 40 | Minimally In Place |  | | | | | | |
| 39 - 0 | Not at All In Place |  | | | | | | |