Coordinated Services Team (CST)
Youth Closure Survey

Section1: Please mark the box that best describes your opinion to each of the following statements.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. . I was treated with respect by people on my team.	☐	☐	☐	☐	☐
2. I trust the people on my team	☐	☐	☐	☐	☐
3. I have reached goals that are important to me	☐	☐	☐	☐	☐
4. The team helped my family	☐	☐	☐	☐	☐
5. Adults who are important in my life listen to me	☐	☐	☐	☐	☐
6. My family knows about services we need or want	☐	☐	☐	☐	☐
7. The services I need or want are available	☐	☐	☐	☐	☐
8. Our team held regularly scheduled meetings	☐	☐	☐	☐	☐
9. We have a safety/crisis plan we can rely on	☐	☐	☐	☐	☐

Section 3: Please answer each of the following questions – writing on the back if more space is needed.

1. What did you like about your team?

2. Was there anything about your team you didn't like?

3. What are your suggestions for improvement?