

# Coordinated Services Team (CST) Team Member Closure Survey

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**Section 1:** 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. Team members treated each other with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Team members developed trusting relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Team members were supportive of each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Our team developed a useful and comprehensive <i>plan of care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am better aware of services available to this family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Our team conducted regularly scheduled meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Our team developed a <i>crisis response plan</i> we can rely on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 2:** Please answer each of the following questions – writing on the back if more space is needed.

1. In what ways did the team experience benefit you?
  
  
  
  
  
  
  
  
  
  
2. Was there anything about the team experience that you didn't like?
  
  
  
  
  
  
  
  
  
  
3. What are your suggestions for improvement?