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| **NM HIGH-FIDELITY WRAPAROUND REPORTING FORM** |

Documentation is an important part of the Wraparound process. It is a best practice to keep regular and continuous record of all interactions related to a family and youth a facilitator has in the Wraparound process. In addition to the narrative of the interactions, key data can contribute to the coaching process and help to shape training opportunities to enhance the Wraparound practice. Towards this end NM High-Fidelity Wraparound has developed a Weekly Report Form.

The following describes the utilization of this form:

Frequency:

1. NM High-Fidelity Wraparound Weekly Report Form should be completed on every open family or youth
   1. In a case where contact has been lost with a family or youth a NM High-Fidelity Wraparound Weekly Report Form should still be completed explaining the status
2. NM High-Fidelity Wraparound Weekly Report Form should be completed for a weekly period and forwarded to the facilitator’s Wraparound coach on the first business day that follows the reporting week (Usually the following Monday)

Instructions:

1. The first section requests the following information:
   1. Facilitator Name
   2. Wraparound Coach: Please select the coach that was assigned to the facilitator
   3. Youth’s Name: The name that appears on the NM Wraparound Referral Form
   4. Location: List your division and county (i.e. JJS-Bernalillo)
   5. Date: The date NM High-Fidelity Wraparound Weekly Report Form is sent to Wraparound coach
2. The second section entitled “Tracking” requests the following information
   1. Referral Date
   2. Date NM High-Fidelity Wraparound Consent form was signed
   3. Date of First Engagement: Date first face to face contact was made
   4. Date of First Wraparound Team Meeting
   5. Date of Last Wraparound Team Meeting
   6. Number of Wraparound Team Meetings to Date
   7. Date of last CANS completed by Facilitator
   8. Date of last Safety and Stability Plan update
3. The third section is entitled “Wraparound Facilitator Note” requests the following information
   1. Date: The date of the interaction between the facilitator and second party
   2. Total Time: Duration of interaction in minutes
   3. Location: Place where interaction took place, select one of the options
   4. Type of Contact: Select one of the options
   5. Narrative: List who was involved in the interaction and describe what happened during this time. Specify how the interaction related to furthering the Wraparound process.

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| ***Wraparound Weekly Reporting Form*** | | |
| **FACILITATOR’S NAME:** Click here to enter text. | **WRAPAROUND COACH:** Click or tap here to enter text. | |
| **YOUTH’S NAME:** Click here to enter text. | **LOCATION:** Click here to enter text. | **DATE:** Click here to enter a date. |

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| ***TRACKING*** | | | |
| **REFERRAL DATE**  Click here to enter a date. | **DATE NM WRAPAROUND CONSENT FORM SIGNED**  Click here to enter a date. | **DATE OF FIRST ENGAGEMENT**  Click here to enter a date. | **DATE OF FIRST WRAP. TEAM MEETING**  Click here to enter a date. |
| **DATE OF LAST WRAP. TEAM MEETING**  Click here to enter a date. | **NUMBER OF WRAP. TEAM MEETINGS TO DATE**    Click here to enter a date. | **DATE OF LAST CANS completed by facilitator**  Click here to enter a date. | **DATE OF LAST SAFETY AND STABILITY PLAN UPDATE**  Click here to enter text. |

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| ***WRAPAROUND FACILITATOR NOTE*** | | |
| **DATE:** Click here to enter a date. | **TOTAL TIME:** Click here to enter text. | **LOCATION:** Choose an item. |
| **TYPE OF CONTACT:** Choose an item. | ***IF THERE IS NO CONTACT IN THIS PERIOD PLEASE EXPLAIN BELOW*** | |
| **NARRATIVE (Include who you interacted with, & how interaction relates to the Wraparound process):**  Click here to enter text. | | |

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| ***WRAPAROUND FACILITATOR NOTE*** | | |
| **DATE:** Click here to enter a date. | **TOTAL MEET TIME:** Click here to enter text. | **LOCATION:** Choose an item. |
| **TYPE OF CONTACT:** Choose an item. | ***IF THERE IS NO CONTACT IN THIS PERIOD PLEASE EXPLAIN BELOW*** | |
| **NARRATIVE (Include who you interacted with, & how interaction relates to the Wraparound process)**  Click here to enter text. | | |

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| ***WRAPAROUND FACILITATOR NOTE*** | | |
| **DATE:** Click here to enter a date. | **TOTAL TIME:** Click here to enter text. | **LOCATION:** Choose an item. |
| **TYPE OF CONTACT:** Choose an item. | ***IF THERE IS NO CONTACT IN THIS PERIOD PLEASE EXPLAIN BELOW*** | |
| **NARRATIVE (Include who you interacted with, & how interaction relates to the Wraparound process):**  Click here to enter text. | | |

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