

FYSPRT Evaluation Tool

DIRECTIONS: Thinking about today's meeting, please circle the number that best describes your opinion about each statement. Comments are welcome following any statement.

1. FYSPRT goals and objectives are clear and understood.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

2. Group norms are followed.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

3. Meetings are effective and goal focused.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

4. Contributions from everyone are actively listened to and encouraged.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

5. Conflict is effectively managed.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

6. Space is provided to challenge ideas or established practices and explore other options.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

7. Feedback from family and caregivers is valued.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

8. Feedback from youth and young adults is valued.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

9. Feedback from system partners is valued.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

10. The FYSPRT is making progress on issues that are important to me.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

11. I have the opportunity to make a contribution.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

12. What voice or experience do you represent? (Select all that apply.)

☐ Family/caregiver

☐ Youth/young adult

☐ System partner

13. Do you have primary interests or experience with...? (Select one.)

☐ Mental health

☐ Substance use

☐ Both