



Multnomah Wraparound Review Committee Presentation Form

Youth Name and Date of Birth	
Youth's Gender	
Youth's Race and Ethnicity	
Guardian(s) Name	

Formal System Involvement (circle):

Mental Health Special Education (504 or IEP) I/DD Juvenile Justice DHS

What are some strengths of your child/youth and your family? (Traditions, time together, communication, etc.)

How did Wraparound come to mind for you/your child and/or your child's provider?

Are their family members, community partners, and professionals that would be joining your team? If so, who will be on your team (do not include specific names, just relationship)?

What do you hope to get out of the Wraparound Process? (What does "good" look like for your family?)
