

### **Columbia Impairment Scale (Completed by caregivers)**

The following instructions apply to the administration of this form:

1. Select the caregiver who spends the most time with the youth or is most familiar with the youth's behavior.
2. Have the caregiver complete the form during a scheduled meeting at which the youth is not present.
3. Explain to the caregiver:
  - *We are asking you to complete this form so that we can identify improvements resulting from Wraparound services and help improve our services.*
  - *Completing the form should take 5-10 minutes.*
  - *Your responses are completely confidential, meaning the individual information you provide will not be shared with anyone. It will be grouped with responses from all other recipients of Wraparound services and reported as a whole.*
  - *You can skip any item you are not comfortable answering*
4. Finally, thank the caregiver for sharing their perspective.