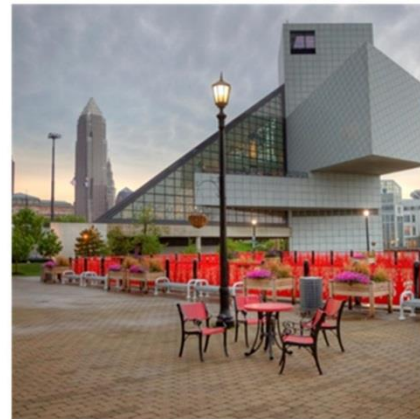




School-based health care support toolkit: Sample need assessments



NEED SURVEY – PARENT EXAMPLE

Dear Parent:

XXX County Board of Education and XXX Clinic are discussing the possibility of opening a School-Based Health Center to provide physical, dental and mental health services for students at XXX School(s).

We are in the process of conducting a needs assessment to determine the specific health needs of students and their families. In order to help us plan for the School-Based Health Center, we would like to ask you a few questions. Your answers are completely confidential. You do not need to put your name anywhere on this form. Thank you for your help.

Why School-Based Health Centers?

Access to Health Care For All Children

School-based health centers provide health care to all children who have parental permission, regardless of insurance coverage or ability to pay

Regular Preventive Care

When health care is far away, expensive, or difficult to access, children are less likely to receive regular preventive care. School-based health centers offer care where the children are -- in schools.

Keeping Children in School

School-based health centers help keep children in school and ready to learn, treating acute and chronic health problems immediately and returning students to class as soon as possible.

Strong Parent and School Support

When parents give permission for their child to be seen at a school-based health center, they know they will not have to miss work to care for minor problems, and that their child will receive prompt attention from health providers trained at working with youth. School administrators and teachers are extremely supportive of school-based health centers because health centers allow them to focus on their role of educating students who are healthy and ready to learn.

1. What physical health problems or needs has your child had in the past month? Check all that apply.

- a. Headaches
- b. Tooth aches or dental problems
- c. Sore throat or strep throat
- d. Stomach aches
- e. Colds/fever
- f. Skin problems or rashes

- g. Often being really tired
- h. Diarrhea or vomiting
- i. Ear aches or ear infections
- j. Problems with eating or weight
- k. Injuries or accidents
- l. Bedwetting

2. Have you been told by a doctor that your child has any of the following chronic health problems?

- a. Asthma
- b. Attention deficit or hyperactivity
- c. Diabetes
- d. Seizures
- e. Allergies
- f. Other _____

3. Where do you regularly take your child for healthcare? Check all that apply.

- a. Family doctor or clinic
- b. Emergency room
- c. Regular source of healthcare
- d. Other _____

4. Do you have a regular source of dental care for your child?

- Yes No

5. Do you have someone you could go to for counseling services for behavioral problems? (e.g., unusual or extreme fears, depression, nervousness)

- Yes No

6. Have you had any problems getting Health Care, Mental Health Care or Dental Care for your child?

- Yes No

7. What are the reasons you have not been able to get these services for your child?

<input type="checkbox"/> a. Transportation	<input type="checkbox"/> b. Health Insurance
<input type="checkbox"/> c. Costs too much	<input type="checkbox"/> d. Hours not good for me
<input type="checkbox"/> e. Don't have a regular doctor	<input type="checkbox"/> f. Hard to get an appointment
<input type="checkbox"/> g. Can't take time off work	<input type="checkbox"/> h. Other: _____

8. How do you currently pay for health services?

- a. Private insurance or belong to an HMO
- b. Medicaid or social security
- c. Armed Services medical plans
- d. No insurance and generally pay out-of-pocket
- e. Other _____

9. If we opened a School Health Center, how likely would you be to take your child there for service? Check one.

- a. Would definitely use the Center
- b. Would probably not use the Center
- c. Would probably use the Center
- d. Would definitely not use the Center

10. At what hours would you be most likely to use the clinic? Check all that apply.

- a. Before school
- b. Evenings
- c. During school
- d. Saturdays
- e. Immediately after school

THANK YOU!

NEED SURVEY – STAFF EXAMPLE

Dear Teacher and/or Staff Member:

XXX County Board of Education and XXX Clinic are discussing the possibility of opening a School-Based Health Center to provide physical, dental and mental health services for students at the XXX School(s).

We are in the process of conducting a needs assessment to determine the specific health needs of students and their families. In order to help us plan for the School-Based Health Center, we would like to ask you a few questions about what you see as the health needs of the children in your classroom. This information will help us decide where the greatest need is and what types of services and programs to offer at the center. Your answers are completely confidential. You do not need to put your name anywhere on this form. Thank you for your help.

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1. On a scale of 1-5 (1 being major, 5 being minor) rate each of the physical health problems listed below for children in your classroom.

a. Headaches_____	a. Tooth aches or dental problems_____
b. Sore throat or strep throat_____	b. Stomach aches_____
c. Colds/fever_____	c. Skin problems or rashes_____
d. Often being really tired _____	d. Diarrhea or vomiting_____
e. Ear aches or infections_____	e. Problems with eating or weight_____
f. Injuries or accidents_____	f. Bedwetting_____

2. We would like your perception on chronic health conditions. Please rate each of the problems listed below on a scale of 1-5 (being major, 5 being minor) for children in your classroom.

a. Asthma	e Emotional problems
b. Diabetes	f Seizures
c. Allergies	g. Other
d. Behavior problems	

3. Please comment on anything you think we need to keep in mind as we plan for the School Health Center:

Services _____

Hours _____

Prevention _____

Other _____

NEED SURVEY – STUDENT EXAMPLE

Dear Student,

The (Insert Name) School District is discussing the possibility of opening a School-Based Health Center to provide physical, dental, and mental health services for all students and their families.

We are in the process of conducting a needs assessment to determine the specific needs of students and their families. In order to help us plan for the School-Based Health Center, we would like to ask you a few questions. Your answers are completely confidential.

Thank you for your help.

Please Answer the Following Questions.

Page 1 - Question 1 - Choice - Multiple Answers (Bullets)

What physical health problems or needs have you had in the past year? Select all that apply.

- Headaches
 - Toothaches or dental problems
 - Sore throat or strep throat
 - Stomachaches
 - Colds/fevers
 - Skin problems or rashes
 - Often being really tired
 - Diarrhea or vomiting
 - Earaches or ear infections
 - Problems with eating or weight
 - Injuries or accidents
 - Other, please specify
-

Page 1 - Question 2 - Choice - Multiple Answers (Bullets)

Have you been told by a doctor that you have any of the following health problems? Check all that apply.

- Asthma
 - Diabetes
 - Allergies
 - Attention deficit or hyperactivity
 - Seizures
 - Life threatening allergies
 - Other, please specify
-

Page 1 - Question 3 - Choice - Multiple Answers (Bullets)

Where do you regularly go for health care? Check all that apply.

- Family doctor
- Do not have family doctor
- Clinic (Urgent Care, Priority Care)

- Emergency room
 - Other, please specify
-

Page 1 - Question 4 - Choice - One Answer (Bullets)

When was the last time you had a thorough physical other than a sports physical?

- Within the last year
- More than a year ago

Page 1 - Question 5 - Yes or No

Do you see a dentist regularly (every six months)?

- Yes
- No

Page 1 - Question 6 - Choice - Multiple Answers (Bullets)

Do you have any of these health concerns? Check all that apply.

- Grief
 - Anxiety
 - Stress
 - Eating disorders
 - Behavior issues
 - Depression
 - Weight problems
 - Other, please specify
-

Page 1 - Question 7 - Choice - Multiple Answers (Bullets)

Select all reasons that have prevented you from getting medical, dental, or mental health services for yourself.

- Transportation
 - Cost
 - No insurance
 - Do not have a regular doctor
 - No one to take me
 - Hours not good for me
 - Hard to schedule an appointment
 - Other, please specify
-