School-based health care support toolkit: Sample assessment surveys of process effectiveness
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PARENT SATISFACTION SURVEY SAMPLE #1

Dear Parent/Guardian,

Date________________

The __________________ School Health Center is conducting an evaluation of our services to your son or daughter. We are interested in your opinions about our services.

Your participation in this survey is voluntary. All your answers will remain private and no one other than the administration of the health center will see your survey.

Thank you for your participation. We appreciate you sharing your thoughts about your child’s health care.

If your child has been to the Wellness Center, please answer the following questions.

1. What services did your child receive at the Center? (Check all that apply)
   - Illness (flu, cold, stomach ache or something more serious)
   - Chronic health problem (asthma, depression, headaches)
   - Vision or hearing exam
   - Immunizations (vaccines)
   - Dental exam
   - Acne or skin problem
   - Nutrition counseling
   - Drug/alcohol prevention
   - Counseling for substance abuse (tobacco, alcohol, drugs)
   - Counseling for personal or emotional problems
   - Yearly physical or sports physical
   - Treatment of injury or accident
   - Care for girls with menstrual problems
   - Pregnancy test
   - Services for pregnant teens
   - Information for parents about your child or health care in general
   - Other, please tell us ____________________________

2. How much do you think your student was helped by the Center?
   - A great deal
   - Somewhat
   - Very little
   - Not at all
   - Don’t know

3. Did you feel that the staff was courteous to you?
   - Yes
   - No
   - Don’t know, I never met the staff

4. Did the staff at the Center explain your child’s medicine or treatment clearly?
   - Yes
   - No
   - My child did not receive medicine or treatment

5. Did the staff at the Center refer you to other services not provided by the Wellness Center?
   - Yes
   - No
   - Don’t know

6. How would you rate the following aspects of the Center?
   - Communication with parents
   - Appearance of the clinic
   - Convenience of the location
   - Hours that it is open

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2
If your child has been to the Wellness Center, please answer the following questions.

| Quality of medical care received | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

7. Do you agree or disagree with the following?  
   | Agree | No opinion | Disagree |
   | ☐ | ☐ | ☐ |
   a. The Center encourages students to be more responsible for their health.
   | ☐ | ☐ | ☐ |
   b. Students miss less school because of the Center.
   | ☐ | ☐ | ☐ |
   c. The care at the Center is confidential (private).
   | ☐ | ☐ | ☐ |
   d. The Center has saved you a trip to the doctor, the school or the hospital.
   | ☐ | ☐ | ☐ |
   e. The Center is a valuable service to the school community.
   | ☐ | ☐ | ☐ |

8. Are there any services that you would like the Center to provide?  
   | ☐ No | ☐ Don’t know | ☐ Yes, If yes, please describe __________________________

THANK YOU
PARENT SATISFACTION SURVEY SAMPLE #2

This survey is being used to gather your opinions about the school-based health/wellness center (SBHC) in your child’s school. We would like your input even if you or your child has not visited the SBHC. The information you provide will be used to improve services offered at the SBHC. Your answers will be kept confidential. If you have more than one child who attends this school, we ask that you complete and return a survey for each child. You are not required to answer these questions, and if you choose not to do so, it will not affect your ability or your child’s ability to use health services at the SBHC. Thank you for sharing your thoughts with us!

Please have your child return the completed survey to the SBHC by:

Date: ________________________  School: __________________________________________

1. Are you this child’s:  (Please mark one)
   - ☐ a. Mother
   - ☐ b. Father
   - ☐ c. Step-parent
   - ☐ d. Foster parent
   - ☐ e. Grandparent
   - ☐ f. Other, please describe____________________

2. What grade is your child currently in?  (Please mark one)
   - ☐ 6th
   - ☐ 7th
   - ☐ 8th
   - ☐ 9th
   - ☐ 10th
   - ☐ 11th
   - ☐ 12th
   - ☐ Other

3. What type of health insurance does your child have?  (Mark all that apply)
   - ☐ a. None
   - ☐ b. CHIPRA
   - ☐ c. Medicaid
   - ☐ d. Medicaid HMO
   - ☐ e. Private
   - ☐ f. Private HMO
   - ☐ g. Other____________________

4. Have you or a family member ever used the SBHC?  
   - ☐ Yes  ☐ No

5. If your child has used the SBHC, what types of providers has your child seen?  (Mark all that apply)
   - ☐ a. Nurse
   - ☐ b. Behavioral Health Counselor
   - ☐ c. Medical Provider
   - ☐ d. Dentist
   - ☐ e. Health Educator
   - ☐ f. Nutritionist

6. Is your child using the SBHC to manage any of the following chronic illnesses?  (Mark all that apply)
   - ☐ a. Asthma
   - ☐ b. Heart problems
   - ☐ c. Seizures or epilepsy
   - ☐ d. Diabetes
   - ☐ e. Physical disability
   - ☐ f. Developmental disability
   - ☐ g. Attention deficit disorder (ADD)
   - ☐ h. Other health problems____________________

7. During the past year, where has your child gone the most for his/her medical care (example: shots, check-ups, physicals, sickness, colds)?  (Please mark one)
   - ☐ a. My school’s SBHC
   - ☐ b. The emergency room


8. Where does your child go most often for behavioral health services? *(Please mark one)*

- [ ] a. My school’s SBHC
- [ ] b. A medical clinic or private doctor’s office
- [ ] c. Some other place
- [ ] d. There is no one particular place where my child usually goes.
- [ ] e. I have never sought behavioral health services for my child.

9. What services has your child received at the SBHC? *(Mark all that apply)*

- [ ] a. Care when they were sick
- [ ] b. Care for serious health problems
- [ ] c. Head-to-toe physical exam
- [ ] d. Sports exam
- [ ] e. Counseling for emotional issues
- [ ] f. Care for injuries received at school
- [ ] g. Care for injuries not received at school
- [ ] h. Dental services
- [ ] i. Other____________________________________

10. Thinking about the services your child has received at the SBHC, how would you rate the following?

<table>
<thead>
<tr>
<th>Service</th>
<th>Not so Good</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>The people there are good with children.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The appointments are convenient.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I did not have to leave work.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The staff talk to me about my child’s illness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child did not miss much school.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. If health care services were not available at the SBHC, would you be able to get health care for your child? *(Mark all that apply)*

- [ ] a. Yes, it would be easy to get other care.
- [ ] b. Yes, my child would get care, but it would be harder to get.
- [ ] c. Yes, but I would have to take my child to an emergency room.
- [ ] d. No, I don’t think I could get the care this child needs.
- [ ] e. No, I would have trouble getting time off work.
- [ ] f. No, I could not afford to get the care my child would need.
- [ ] g. No, I would have trouble with transportation.
- [ ] h. No, my child does not have a regular doctor.
- [ ] i. No, it is hard for me to get an appointment with my child’s regular doctor.
- [ ] j. I don’t know.
12. What services would you like to see your SBHC provide more of? (Mark all that apply)

- [ ] Counseling
- [ ] Support Groups
- [ ] Drug and Alcohol Counseling
- [ ] Dental Care
- [ ] Health Education
- [ ] Other, Specify: ________________________________

Please make any additional comments that you like: ____________________________________________

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**Please return this form to the SBHC as soon as possible.**

THANK YOU for completing our survey!
STUDENT SATISFACTION SURVEY SAMPLE #1 (HIGH SCHOOL)

Grade level _______________  ☐ Male  ☐ Female  Date _______________

Is this your first visit to the health center this year?  ☐ YES  ☐ NO

If no, how many times have you visited the health center?  ☐ 0-1  ☐ 2-5  ☐ >5

It is very important to us to know how you feel about the services you received today. Your answers to the following questions help us know how we are doing and how to improve our services.

During my visit....

1. The clinic staff was courteous and friendly to me.
   ☐ Yes  ☐ No  ☐ Don’t Know
   Comments ____________________________________________________________

2. The health care provider answered all of my questions.
   ☐ Yes  ☐ No  ☐ Don’t Know
   Comments ____________________________________________________________

3. My privacy was respected.
   ☐ Yes  ☐ No  ☐ Don’t Know
   Comments ____________________________________________________________

4. I waited too long to be seen by the health care provider.
   ☐ Yes  ☐ No  ☐ Don’t Know
   Comments ____________________________________________________________

5. Did you receive medication or a prescription?
   ☐ Yes  ☐ No  ☐ Don’t Know

If yes please answer #6.

6. The health care provider explained to me why I needed the medicine and how to take it, using words I understood.
   ☐ Yes  ☐ No  ☐ Don’t Know
   Comments ____________________________________________________________

7. Would you recommend the health center to your friends?
   ☐ Yes  ☐ No  ☐ Don’t Know
   Comments ____________________________________________________________

8. Could you have gone somewhere else in your community to receive the same type of service provided here at the school health center?
   ☐ Yes  ☐ No  ☐ Don’t Know
9. Why do you like to come to the health center at your school? (Check all that apply)

☐ I like its location  ☐ I don’t have insurance  ☐ I don’t want people to know about my medical care

☐ Its free (no cost to me)  ☐ I trust the staff  ☐ Other ___________________

10. What other information or services would you like available in the health center?
__________________________________________________________________________________

Thank you for completing the questionnaire.
STUDENT SATISFACTION SURVEY SAMPLE #2 (MIDDLE SCHOOL)

Grade level______________  ☐ Male  ☐ Female  Date______________

Is this your first visit to the health center this year?  ☐ YES  ☐ NO

If no, how many times have you visited the health center?  ☐ 0-1  ☐ 2-5  ☐ >5

It is very important to us to know how you feel about the services you received today. Your answers to the following questions help us know how we are doing and how to improve our services.

**During my visit.....**

1. I waited too long to be seen by the health care provider.
   - ☐ Yes  ☐ No  ☐ Don’t Know
   - Comments_______________________________________________________________________

2. The health center staff was friendly to me.
   - ☐ Yes  ☐ No  ☐ Don’t Know
   - Comments_______________________________________________________________________

3. The health care provider answered all of my questions.
   - ☐ Yes  ☐ No  ☐ Don’t Know
   - Comments_______________________________________________________________________

4. My privacy was respected.
   - ☐ Yes  ☐ No  ☐ Don’t Know
   - Comments_______________________________________________________________________

5. I received the services I wanted today.
   - ☐ Yes  ☐ No  ☐ Don’t Know
   - Comments_______________________________________________________________________

6. Would you recommend the health center to your friends
   - ☐ Yes  ☐ No  ☐ Don’t Know
   - Comments_______________________________________________________________________

7. Were you satisfied with the health center?
   - ☐ Yes  ☐ No  ☐ Don’t Know
   - Comments_______________________________________________________________________

8. Please tell us about any improvements you would like to see, or things you do not like.
   - Comments_______________________________________________________________________

Thanks..................You’re Awesome!!
STUDENT SATISFACTION SURVEY SAMPLE #3

Thank you for filling out this survey about your school-based health center (SBHC)! Your honest opinion will help us to improve the services offered here. Please do not include your name as all answers are confidential. You’re not required to answer these questions, and if you don’t, it won’t affect your ability to use your SBHC. If you need help filling this out, please ask the SBHC staff for assistance. Thanks for sharing your thoughts with us!

1. Date: ______________________
2. School: ______________________
3. Age: ______________________
4. Gender: ☐ Female ☐ Male
5. Ethnicity:
   ☐ a. Caucasian ☐ c. Hispanic/Latino
   ☐ b. African American ☐ d. Other, specify: ______________________
6. Where do you go most often for health care? (Please mark only one.)
   ☐ a. School-based health center ☐ d. Some other place
   ☐ b. Emergency room ☐ e. There is no one place that I usually go
   ☐ c. Medical clinic or private doctor’s office
7. When you visited your SBHC today, who did you go to for care? (Please mark all that apply.)
   ☐ a. Nurse ☐ d. Dental Provider
   ☐ b. Behavioral Health Counselor ☐ e. Health Educator
   ☐ c. Medical Provider – nurse practitioner, physician’s assistant or physician ☐ f. Nutritionist
8. Did you have an appointment today?
   ☐ Yes ☐ No
9. Thinking about your visit today, what do you think about. (Please mark one response for each question.)

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. the length of time you had to wait?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. the staff’s attention to your questions/concerns?</td>
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<tr>
<td>c. the quality of the care you received?</td>
<td></td>
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</tr>
</tbody>
</table>
10. When you visited your SBHC today, what were the main services you received? (Please mark all that apply.)

   ☐ a. First Aid/Injury Treatment ☐ h. Vision Services
   ☐ b. General Health Care – (sore throat, colds/flu, headaches, menstrual cramps, stomach ache, rash, medications) ☐ i. Just needed to talk with someone
   ☐ c. Counseling ☐ j. Support Group
   ☐ k. Referral to a provider some place else
(Mark one box for each statement below to show how much you agree.)

11. Having a Health Center at my school . . .
   a. I get health care I wouldn’t otherwise get………………… ☐ ☐ ☐ ☐
   b. I get health care sooner than I would otherwise get it…….. ☐ ☐ ☐ ☐
   c. I don’t have to miss school because of a health problem…. ☐ ☐ ☐ ☐
   d. helps me get answers to my health questions… ☐ ☐ ☐ ☐

12. The health center staff have helped me to learn how to take better care of myself……….. ☐ ☐ ☐ ☐

13. My health has improved as a result of having a Health Center at my school………………

14. I feel comfortable talking about my health issues and problems with . . .
   a. Nurse……… ☐ ☐ ☐ ☐
   b. Counselor ☐ ☐ ☐ ☐
   c. Provider – Nurse Practitioner, Physician’s Assistant or Physician… ☐ ☐ ☐ ☐

15. My teachers like it that I use the Health Center at my school……… ☐ ☐ ☐ ☐

16. I recommend the Health Center to my friends at school……… ☐ ☐ ☐ ☐

17. What services would you like to see your SBHC provide more of?  (Please mark all that apply.)
   ☐ Counseling  ☐ Support Groups  ☐ Drug and Alcohol Counseling
   ☐ Dental Care  ☐ Health Education  ☐ Other, Specify: __________________________

Additional Comments: __________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

If you have any questions or concerns about this survey, please let the receptionist know.

THANK YOU again for completing our survey!
STUDENT SATISFACTION SURVEY SAMPLE #4

Please give us a grade on the care we gave you today. Your answers are private and will not affect your care in any way.

DO NOT PUT YOUR NAME ON THIS SURVEY

1. Is this your FIRST visit to the School-clinic?
   ☐ Yes  ☐ No

2. Reason for today’s visit: (Please check all that apply)
   ☐ Sick or injured, check-up/physical  ☐ Needed to get lab results
   ☐ Stressed out, sad, angry, nervous, etc  ☐ Needed shots/immunizations?
   ☐ Drug or alcohol use  ☐ Need treatment
   ☐ Toothache or tooth check up  ☐ Other ____________________________
   ☐ Needed to take medication

How did we do today on: (PLEASE CHECK ONE ANSWER FOR EACH STATEMENT BELOW)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F</th>
<th>DOESN’T APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Seeing you as soon as you needed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Listening to your problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Answering your questions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Explaining what was making you feel bad</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Explaining what you needed to do to get better</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Being friendly and helpful</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Treating you with respect and sensitivity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Privacy during today’s visit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Give us a grade for today’s visit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Circle total time spent in the center today</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
   ☐ 5-25 minutes  ☐ 26-40 minutes  ☐ 41-60 minutes
   ☐ More than 60 minutes

13. Do you have any other needs that were not taken care of today?
   ☐ Yes (Please Describe) ____________________________________________
   ☐ No

14. The best thing about today’s visit was:

    ___________________________________________________________________
15. The worst thing about today's visit was:______________________________________

_____________________________________________________________________________

16. I would like it if the center had other services, such as:

_____________________________________________________________________________

_____________________________________________________________________________

17. Would you use this School-Based Health Center again if you were feeling sick, injured or needed a physical?

☐ Yes

☐ No (Why not?)______________________________________________
STAFF SATISFACTION SURVEY SAMPLE #1

Date __________________________

We are evaluating our role at your school in providing health care services to the students. We are very aware of your commitment to the students and how hard you work at your school and are concerned about your perception regarding the availability of our services, which include the physical health and mental health of the students. We want to communicate more effectively with you, so that services are not duplicated and we can better serve the students.

Please take a moment to fill out this questionnaire and return it to the health clinic or put it in the school nurse's mailbox.

1. Have you ever referred a student to the School Health Center?
   ☐ Yes   ☐ No   ☐ Didn't know about service

   Comments:
   __________________________________________________________________________
   __________________________________________________________________________

2. If yes, did you receive any feedback stating the student was seen?
   ☐ Yes   ☐ No

   Comments:
   __________________________________________________________________________
   __________________________________________________________________________

3. Do you know that providers are available to discuss issues regarding students with you?
   ☐ Yes   ☐ No

   Comments:
   __________________________________________________________________________
   __________________________________________________________________________

4. Would you like the school health center staff to do a presentation in your class next year?
   ☐ Yes   ☐ No

   If yes, name of teacher_________________________   Extension_________

5. Do you know the difference between the School Nurse and the School Health Center?

   __________________________________________________________________________

6. Do you have additional suggestions for us?
STAFF SATISFACTION SURVEY SAMPLE #2

This survey will allow us to better understand your opinions and perceptions of the school-based health/wellness center (SBHC) in your school. We would like your input even if you have not visited the SBHC. Information obtained in this evaluation will be used to ensure optimal delivery of health care services to the students in your school. **Your participation in this survey is voluntary.** However, your opinions are important to us, so we hope you will take the time to respond. All your answers will remain confidential, and no one other than the evaluation staff at Marshall University will see your survey. A summary of all survey results will be shared with the school staff and the general public. Thank you, in advance, for your cooperation. We appreciate your sharing your thoughts about your SBHC with us!

Please complete during your staff meeting and return to the designated staff member.

**SECTION A**
In this section, we would like to learn about your experiences with the SBHC.

1. During this current school year, how many students have you referred or sent to the SBHC?  
   - ☐ None  ☐ 1 to 3  ☐ 4 to 6  ☐ 7 to 9  ☐ 10 or more

2. For what services have you referred students to the SBHC? *(Please mark all that apply)*
   - ☐ a. Illness care (for flu, sore throat or something more serious)
   - ☐ b. Care for ongoing health problems (such as asthma, diabetes, heart problems, etc.)
   - ☐ c. Vision or hearing exam
   - ☐ d. Dental exam
   - ☐ e. Nutrition counseling or education
   - ☐ f. Substance abuse and prevention counseling (alcohol, tobacco, drugs)
   - ☐ g. Counseling for personal or emotional problems
   - ☐ h. Check up or sports physical
   - ☐ i. Treatment of injury/accidents
   - ☐ j. Immunizations
   - ☐ k. Information for parents about their child’s health or health care
   - ☐ l. Other, please specify: ______________________________________________________________________

3. How much do you think the students were helped by the referral to the SBHC?  
   - ☐ A great deal  ☐ Somewhat  ☐ Very Little  ☐ Not at all  ☐ Don’t know

4. How often do students ask to leave your class to visit the SBHC? *(Please mark one.)*
   - ☐ Daily  ☐ Rarely
   - ☐ Weekly  ☐ Never
   - ☐ Monthly  ☐ I do not teach class

5. How often do you feel it is disruptive to a class when a student leaves or returns from a visit to the SBHC? *(Please mark one.)*
   - ☐ Often  ☐ Students never leave my class to go
   - ☐ Sometimes  ☐ I do not teach class
**SECTION A**
In this section, we would like to learn about your experiences with the SBHC.

- ☐ Rarely

6. Have you ever sought health care services for yourself at the SBHC?
   - ☐ Yes   ☐ No – If No, skip to question #8

7. Were you satisfied with the services provided there?
   - ☐ Yes    ☐ No, specify: __________________________________________________

**SECTION B**
In this section, we would like to know what you think of the SBHC.

8. How much influence do you think the SBHC has on the following (*Please mark one for each.*)

<table>
<thead>
<tr>
<th>Influence</th>
<th>A great deal</th>
<th>Some</th>
<th>Very little</th>
<th>None at all</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reducing absenteeism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Improving school performance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Reducing violent behavior</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Improving self-esteem/mental health</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Improving student/family relations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Reducing substance use (tobacco, alcohol, drugs)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Postponing sexual involvement/reducing unwanted pregnancies</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. Increasing access to needed health care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. Improving health status</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. Helping students understand the health care system</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication Quality</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Communication of the SBHC staff with parents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Communication of the SBHC staff with students</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Communication of the SBHC staff with school personnel</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Convenience of the location within the school</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

9. Overall, how would you rate the SBHC?
   - ☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor    ☐ Don’t know
SECTION B
In this section, we would like to know what you think of the SBHC.

10. If it were up to you, would you change anything about the SBHC?
   ☐ Don’t know  ☐ No  ☐ Yes – If Yes, describe:
   ________________________________________________________________
   ________________________________________________________________

11. Are there additional services that you would like the SBHC to provide?
   ☐ Don’t know  ☐ No  ☐ Yes – If Yes, describe:
   ________________________________________________________________
   ________________________________________________________________

SECTION C
These last questions will give us background information about the school staff participating in this survey.
This information will not be used to identify you.

12. What is your position at this school?
   ☐ Teacher  ☐ Support Staff  ☐ Security
   ☐ Counselor  ☐ Instructional Assistant  ☐ Administrator
   ☐ Physical plant/maintenance  ☐ Other, Specify:____________________________________

13. How long have you been at your present school (including this year)?
   ☐ 1st year in this school  ☐ 2 to 5 years  ☐ 6 to 10 years  ☐ Over 10 years

14. At which school do you work?
   ________________________________________________________________

THANK YOU again for completing our survey!
Sample Self-Assessment #1

INSTRUCTIONS: The director, coordinator or administrator should complete this self-assessment tool, answering questions about the status of the School Based Health Center (SBHC).

Please complete these questions for the 2010-11 school year and submit the completed survey one week prior to your scheduled site visit to Serina Reckling at sreckling@nasbhc.org.

What month and year did you first provide services? /

Staffing

1. Please rate the current status of each of the following items related to staffing.

<table>
<thead>
<tr>
<th>Staffing</th>
<th>1 = not in place/have not considered</th>
<th>2 = in planning process</th>
<th>3 = partially implemented</th>
<th>4 = fully implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has an organizational chart with clear lines of authority and supervision</td>
<td>☐ 4</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 1</td>
</tr>
<tr>
<td>Has written job descriptions for all staff or involved in SBHC operations</td>
<td>☐ 4</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 1</td>
</tr>
<tr>
<td>Conducts annual assessment of staff training needs and provision of training of staff as indicated</td>
<td>☐ 4</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 1</td>
</tr>
<tr>
<td>Has hiring strategies to meet the cultural and language needs of students</td>
<td>☐ 4</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 1</td>
</tr>
</tbody>
</table>

Comments about staffing (optional)

Provision of Services

2. Please describe each of the following items related to service delivery and utilization.
### Student Reach

<table>
<thead>
<tr>
<th></th>
<th># of students in the school(s) the SBHC serves</th>
<th># of users with at least one annual visit</th>
<th>Total # of visits per year</th>
<th>Utilization rate¹</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected utilization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual users/visits in past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Please rate the current status of each of the following items related to service delivery**

<table>
<thead>
<tr>
<th>Service Delivery</th>
<th>1 = not in place/have not considered</th>
<th>2 = in planning process</th>
<th>3 = partially implemented</th>
<th>4 = fully implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBHC conducts comprehensive needs assessment of student health before SBHC implementation and at least every 3 years thereafter, which includes a description of student demographic makeup; insurance status; perceptions of health needs by students, parents, faculty, community members and provider agencies; an assessment of local resources and barriers to care; and, for existing SBHCs, a historical analysis of services provided</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At a minimum, extends eligibility for all services to all students attending the school that hosts the SBHC. May choose to extend eligibility to other youth in the community and/or students attending other schools.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducts outreach activities to enroll students and encourage the use of the SBHC</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arranges for 24 hour, 7 days per week coverage for services needed by users of the SBHC</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In collaboration with staff from the schools served, the SBHC addresses potential barriers to student access including proximity, safety, transportation, and hours</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has inter-professional care management that includes coordination of care among all health care staff in the SBHC</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes efforts made to ensure program and services are welcoming and respect the diverse culture of students and families served.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows clinical practice guidelines with formalized standards of care that address all aspects of program operation (e.g., FQHC guidelines)</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complies with federal and state regulations (e.g., ADA, HIPPA)</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has an administrator for overall program management, quality of care, coordination with school and collaborating partner agency personnel.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ Utilization rate = # of users with at least one annual visit divided by # of students in the school
Has a system for gathering student and parent feedback (satisfaction survey)

Comments about provision of services (optional)

Facility

4. Please rate the current status of each of the following items related to your facility.

<table>
<thead>
<tr>
<th>SBHC Facility</th>
<th>1 = not in place/have not considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBHC occupies a dedicated space on school campus used exclusively for the purpose of providing SBHC services</td>
<td>2 = in planning process</td>
</tr>
<tr>
<td>3 = partially implemented</td>
<td>4 = fully implemented</td>
</tr>
</tbody>
</table>

Physical space – Although some rooms/areas may serve more than one purpose in delivering SBHC services, the center includes at least the following functional elements:

<table>
<thead>
<tr>
<th>Functional Element</th>
<th>1 = not in place/have not considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>A designated waiting/reception area</td>
<td>2 = in planning process</td>
</tr>
<tr>
<td>3 = partially implemented</td>
<td>4 = fully implemented</td>
</tr>
<tr>
<td>One exam room</td>
<td>2 = in planning process</td>
</tr>
<tr>
<td>3 = partially implemented</td>
<td>4 = fully implemented</td>
</tr>
<tr>
<td>A counseling room/private area</td>
<td>2 = in planning process</td>
</tr>
<tr>
<td>3 = partially implemented</td>
<td>4 = fully implemented</td>
</tr>
<tr>
<td>The functional areas are designed to facilitate privacy; confidentiality; safety; and secure storage of records, supplies, and medications.</td>
<td>2 = in planning process</td>
</tr>
<tr>
<td>3 = partially implemented</td>
<td>4 = fully implemented</td>
</tr>
<tr>
<td>Access to computers and telecommunications equipment</td>
<td>2 = in planning process</td>
</tr>
<tr>
<td>3 = partially implemented</td>
<td>4 = fully implemented</td>
</tr>
</tbody>
</table>

Comments about facility (optional)

School Integration

5. Please choose the statement that best describes the general current level of support your School Based Health Center receives from stakeholders.

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>Very Opposed</th>
<th>Somewhat Opposed</th>
<th>Neutral or Not Aware</th>
<th>Somewhat Supportive</th>
<th>Very Supportive</th>
</tr>
</thead>
</table>
6. Please choose the statement that best describes the level of participation and engagement your School Based Health Center receives from your stakeholders.

<table>
<thead>
<tr>
<th>Levels of Engagement</th>
<th>Little to no awareness of school health center, not engaged at all</th>
<th>Aware, but not involved or active in any way</th>
<th>Takes small, “easy” actions to be involved in school health centers efforts</th>
<th>Takes larger, more difficult actions to be involved in school health center efforts</th>
<th>Independently initiates action related to school health center efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Parents</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Local community</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Teachers</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other school staff</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>School administration</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>School district/school board</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

7. Please rate the current status of each of the following items related to integration with the school.
<table>
<thead>
<tr>
<th>SBHC – School Integration</th>
<th>1 = not in place/have not considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBHC staff gives in-services to school staff or serves as consultants to teachers on health-related issues.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
<tr>
<td>SBHC is a major partner in the school-wide programs (i.e., nutrition/health programs, school events, peer education/mediation).</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
<tr>
<td>SBHC has written policy delineating about roles and responsibilities of SBHC and the school nurse.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
<tr>
<td>Strong communication and coordination exists between SBHC staff and school/district health staff.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
<tr>
<td>SBHC advocates for school level health programs and policies, (i.e., school improvement plans, accreditation, school curriculum plans).</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
<tr>
<td>SBHC is involved in decision-making regarding school level health programs.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
<tr>
<td>SBHC advocates for district-wide health programs and policies (i.e., wellness policies).</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
<tr>
<td>School/school districts seeks joint funding opportunities with the SBHC to obtain or expand resources/ programs for SBHC.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
<tr>
<td>SBHC staff are active members of any school-wide committee that meets at least monthly.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
<tr>
<td>SBHC gives consideration to co-locating its personnel with the school health staff, such as the school nurse.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
</tbody>
</table>

Comments about school integration (optional)

Community Partnerships

8. Please rate the current status of each of the following items related to community partnerships

<table>
<thead>
<tr>
<th>Community Partnerships</th>
<th>1 = not in place/have not considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>With appropriate signed release of information, SBHC communicates with the primary care provider to avoid duplication and to improve coordination of care.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
</tr>
</tbody>
</table>
SBHC solicits participation from other key community stakeholders, including parents/guardians, school administration, school health providers, community health providers, and public health organizations, as well as appropriate specialty care providers and insurers.

9. Please select the level of collaboration that best describes the relationship between your SBHC and your lead medical agency, other health providers at the school, and two other community health providers. (See full definitions of levels below)

<table>
<thead>
<tr>
<th>Levels of Collaboration between the SBHC and . . .</th>
<th>Level 1: Minimal Collaboration</th>
<th>Level 2: Basic Collaboration at a Distance</th>
<th>Level 3: Basic Collaboration On-Site</th>
<th>Level 4: Close Collaboration in a Partly Integrated System</th>
<th>Level 5: Close Collaboration in a Fully Integrated System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your lead medical agency</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>School nurse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other health providers at the school</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>School counselors/behavioral health staff</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other community partner</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other community partner</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Comments about community partnerships (optional)

Management Practices

10. Please rate the current status of each of the following items related to management practices.

<table>
<thead>
<tr>
<th>Management Practices</th>
<th>1 = not in place/have not considered</th>
<th>2 = in planning process</th>
<th>3 = partially implemented</th>
<th>4 = fully implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to implementation, new SBHC develops a business plan. Periodically updates business plan/strategic plan.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SBHC develops an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SBHC collects financial data and are capable of reporting revenues and expenses by commonly accepted line items.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides evidence of ongoing involvement of the designated health care provider, as necessary, in clinical policies and procedures development, records review, and clinical oversight.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Management Practices

<table>
<thead>
<tr>
<th>Management Practices</th>
<th>1 = not in place/have not considered</th>
<th>2 = in planning process</th>
<th>3 = partially implemented</th>
<th>4 = fully implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimally but not required, a single, integrated electronic health record facilitates the provision of care for the youth who use the SBHC.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a plan for continuous quality improvement.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has at least two clinical or practice management measures per year are monitored and evaluated for improvement.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a data collection systems and capacity to collect data in place to track student health and academic outcomes.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a written record of progress toward selected measures.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a written policy addressing exchange of information between the SBHC provider staff and school health staff in accordance with HIPAA and FERPA.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtains signed parent/guardian consent (or student permission as appropriate) to obtain school health services records or to share SBHC records.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishes or works with an existing community advisory council to assist in planning and implementation, insuring that the services meet the health needs of the youth to be served.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solicits involvement of youth through membership on the advisory council, a youth advisory committee, and/or another formalized mechanism for youth involvement input.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments about management practices (optional)

## Marketing and Outreach

11. Please rate the current status related to your marketing and outreach practices.

<table>
<thead>
<tr>
<th>Marketing and Outreach</th>
<th>1 = not in place/have not considered</th>
<th>2 = in planning process</th>
<th>3 = partially implemented</th>
<th>4 = fully implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a written marketing plan.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has crafted messages on school health services for different audiences (e.g., students, parents, school staff, and the general public).</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses data or research to promote school health services.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a clear strategy for addressing opposition from different audiences.</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses a variety of marking and outreach strategies (e.g., open houses, advertising that engages, and peer-to-peer outreach).</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Comments about marketing and outreach (optional)

### Funding Strategies

12. Please rate the current status of each of the following items related to funding.

<table>
<thead>
<tr>
<th>Funding Strategies</th>
<th>1 = not in place/have not considered</th>
<th>2 = in planning process</th>
<th>3 = partially implemented</th>
<th>4 = fully implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a sliding fee scale that facilitates care for users of SBHC regardless of ability of user to pay.</td>
<td>□ 4</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 1</td>
</tr>
<tr>
<td>Has written billing policies for SBHCs (processes for recording, charging, billing, and collecting for services rendered).</td>
<td>□ 4</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 1</td>
</tr>
<tr>
<td>Has an effective and efficient billing system.</td>
<td>□ 4</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 1</td>
</tr>
<tr>
<td>Conducts outreach and application assistance to families with students eligible for Medicaid, and CHP+.</td>
<td>□ 4</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 1</td>
</tr>
<tr>
<td>Has a process for getting the funds generated from Medicaid and third party billing returned to the operating budget of the SBHC</td>
<td>□ 4</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 1</td>
</tr>
</tbody>
</table>
13. Please describe your mix of patient insurance types.

<table>
<thead>
<tr>
<th>Patient Revenue</th>
<th>Medicaid</th>
<th>CHP+</th>
<th>Other government program</th>
<th>Private insurance</th>
<th>Uninsured/ Self Pay</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected mix of insurance</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
<tr>
<td>Actual unduplicated users in past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual mix of insurance</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
</tbody>
</table>

14. Do you have an on-site eligibility worker for Medicaid?  
☐ Yes  ☐ No

Your Self Assessment

15. You have now provided us with a wealth of information on each of the eight factors of sustainability. We would be interested in your view of which factors you feel are your strongest and which areas you believe needs improvement.

<table>
<thead>
<tr>
<th>Sustainability Factor</th>
<th>Needs vast improvement 1</th>
<th>Needs some improvement 2</th>
<th>Average Performance 3</th>
<th>Area of strength 4</th>
<th>Area of great strength 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provision of services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Facility</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>School integration</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Community partnerships</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Management practices</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Marketing and outreach</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Funding strategies</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

16. Describe any best practices or successful strategies that you would like to share with others:

Additional Comments
17. How has your School Based Health Center evolved during the past year, and what opportunities have you taken advantage of to enhance sustainability?

18. What are the challenges confronting your School Based Health Center and how do you think they could be addressed?

19. What do you feel is needed to assure the long-term sustainability of your School Based Health Center?

**Item Source**

Five Levels of Primary Care/Behavioral Healthcare Collaboration from *Family Systems Medicine*, 1995, 13, 283-298 (Item #16)

*SBHC Financial Template.* The Colorado Health Foundation. (October 2009)

*Survey of School-Based Health Centers.* Colorado Health Institute (CHI) and Colorado Association for School-Based Health Care (CABSHC).

Sample Self-Assessment #2

Best Practice #1

Enhance access by bringing health care directly to where students and families are and conducting active school-based outreach to connect students with care.

1. There is someone in the health center (even if not a medical provider) every day that school is open.*
   - ☐ Not really happening
   - ☐ In process, sporadic, depends on funding
   - ☑ Well-established, consistent

2. Clinical services (medical, mental health, or dental) are provided at the SBHC at least 16 hours a week.*
   - ☐ Not really happening
   - ☐ In process, sporadic, depends on funding
   - ☑ Well-established, consistent

3. The SBHC does not wait for patients to walk through the door but rather reaches out proactively to students by conducting mass screenings, establishing a clear process for school staff to make referrals, or following up on referrals by calling students out of class or contacting their families (when appropriate).*
   - ☐ Not really happening
   - ☐ In process, sporadic, depends on funding
   - ☑ Well-established, consistent

4. The SBHC accepts drop-ins/walk-ins.*
   - ☐ Not really happening
   - ☐ In process, sporadic, depends on funding
   - ☑ Well-established, consistent

5. There are no physical barriers that prevent students from accessing the SBHC (e.g., locked gates) or school policies that limit access (e.g., refusing to release students from class).*
   - ☐ Not really happening
   - ☐ In process, sporadic, depends on funding
   - ☑ Well-established, consistent

6. If serving teens, the SBHC maintains a teen-friendly environment by ensuring confidentiality, having a separate entrance/waiting area, having teen-only hours, and hiring staff interested in working with teens and/or training staff to work effectively with teens.*
7. If serving children and/or parents, the SBHC hires staff members that understand the culture of parents in the school community and can speak their language.*

☐ Not really happening
☐ In process, sporadic, depends on funding
☐ Well-established, consistent
☐ Not applicable

8. The SBHC conducts active outreach in the school or community to inform students and families about the services available (including, when relevant, services that minors can access without parent consent).*

☐ Not really happening
☐ In process, sporadic, depends on funding
☐ Well-established, consistent

Comments

Best Practice #2

Strengthen prevention and population health by connecting clinical care with public health approaches such as group and classroom education, school wide screenings and prevention programs, creation of healthier environments, or efforts to address the social determinants of health.

9. The SBHC regularly runs group programs for students on health and mental health (e.g., nutrition education, trauma support groups, asthma education, fitness, health careers).*
10. The SBHC regularly delivers health education in the classroom, conducts schoolwide health campaigns or events, or has presentations or events to educate parents and family members.*

☐ Not really happening
☐ In process, sporadic, depends on funding
☐ Well-established, consistent

11. The SBHC participates in efforts to establish a healthier environment in the school or community (e.g., school food policies, water availability, space for physical activity)*

☐ Not really happening
☐ In process, sporadic, depends on funding
☐ Well-established, consistent

Comments

Best Practice #3

Offer intensive support for the highest need students by being present on a daily basis to manage chronic disease, address behavioral health issues, deal with crises, and help students and families access resources.

12. The SBHC provides medical case management for all students as needed, such as monitoring or follow up for chronic disease, hospitalizations, injuries, acute illnesses, or medication administration. (Note: this function may be performed through coordination with a school nurse.)*

☐ Not really happening
☐ In process, sporadic, depends on funding
13. The SBHC provides enabling or collateral services to help students access services (e.g., meeting with teachers, setting up appointments, assisting with insurance enrollment, explaining medical issues or health benefits)*
   □ Not really happening
   □ In process, sporadic, depends on funding
   □ Well-established, consistent

14. The SBHC offers behavioral health services and psychosocial case management for students with emotional, social, or mental health issues.*
   □ Not really happening
   □ In process, sporadic, depends on funding
   □ Well-established, consistent

Comments

Best Practice #4

Share in the school's mission to improve academic achievement by working together to address absenteeism, school climate, and classroom behavior and performance.

15. SBHC staff and school administrators meet regularly to discuss policies and procedures.*
   □ Not really happening
   □ In process, sporadic, depends on funding
   □ Well-established, consistent

16. The SBHC and school staff work together to address the needs of students who are struggling with attendance, behavior, or academic performance issues.*
   □ Not really happening
17. The SBHC helps students develop leadership skills and have opportunities for student career pathway development.*
   ☐ Not really happening
   ☐ In process, sporadic, depends on funding
   ☐ Well-established, consistent

18. The SBHC and school staff work together on activities and programs that promote positive climate and school safety.*
   ☐ Not really happening
   ☐ In process, sporadic, depends on funding
   ☐ Well-established, consistent

19. The SBHC supports teachers' health and wellness (e.g., support groups, stress management, workplace wellness)*
   ☐ Not really happening
   ☐ In process, sporadic, depends on funding
   ☐ Well-established, consistent

Comments

Best Practice #5
Communicate and coordinate care with other providers, partners, and payers to function as an integrated health care system.
20. When serving patients who have an assigned primary care provider that is not the SBHC’s sponsoring organization (for example patients of Kaiser or private doctors), the SBHC shares information about non-confidential services and coordinates care when needed.*

☐ Not really happening
☐ In process, sporadic, depends on funding
☐ Well-established, consistent

Comments

NEXT STEPS
Looking back over all of your answers, which of the questions you marked “not really happening” are you most interested in working on?