

School-Based Health Center (SBHC) at Newtown Middle School

A School-Based Health Center in Danbury, operated by the CT Institute For Communities, Inc.
SBHC Phone: 203-270-6114; Fax: 203-270-4644 (Nurse Practitioner, Nicole Woering, APRN; Jennifer Sawyer, LCSW)

You are receiving this survey because your child attends the Newtown Middle School where the School-Based Health Center is located. **YOUR OPINION MATTERS TO US!!** Please complete this survey and have your child return it to the box at the School-Based Health Center or you can mail it to the CT Institute For Communities, Inc., SBHC Survey, 7 Old Sherman Turnpike, Danbury, CT 06810 or fax it to CIFIC, 203-743-3411 by June 30, 2016.

1. How many times has your child made visits to the School-Based Health Center during this school year?
APPROXIMATE NUMBER _____ Don't know Never (if Never skip to item 9)
2. Which person at the School-Based Health Center did your child see most often?
 Medical Provider Mental Health Provider Both Don't know
3. Do you know why your child saw this person(s)?
 YES NO IF YES, REASON(S): _____
4. Have you had any problems talking with any member of the School-Based Health Center staff?
 YES NO HAVE NOT SPOKEN WITH STAFF
If yes:
Which staff member did you have problems with? _____
Can you describe the problem? _____
Was this problem solved? YES NO If yes, how? _____
5. Do you trust in the health decisions made for your child by the School-Based Health Center Staff?
 YES NO NO CONTACT WITH STAFF ABOUT HEALTH DECISIONS
If NO, please explain: _____
6. Do you feel that the School-Based Health Center staff were respectful of your cultural beliefs and values when interacting with you and/or your child?
 YES NO NO CONTACT WITH STAFF NOT APPLICABLE
IF NO, please explain: _____
7. If your child has used the School-Based Health Center, please check all of the following that apply:
 The services have met the health needs of my child.
 My child's attendance has improved.
 My child's grades have improved.
 My child has made fewer visits to their community doctor since enrolling in the School-Based Health Center.
 My child has made fewer visits to the emergency room since enrolling in the School-Based Health Center.
8. How satisfied are you with the services your child has received from the School-Based Health Center?
 Very satisfied Satisfied Somewhat satisfied Not satisfied No opinion
If not satisfied with the services, why? _____
9. Are there other services you would like to have available at the School-Based Health Center?
 YES NO If yes, please state what you would like: _____

Thank you for your time!

OPTIONAL INFORMATION: (Not required, voluntary)

Name of Parent: _____ Name of Student: _____