



SBHC Parent Survey

This survey is being used to gather your opinions about the school-based health/wellness center (SBHC) in your child's school. The information you provide will be used to improve services offered at the SBHC. Your answers will be kept confidential. 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 **only one**)*

- | | |
|---|---|
| <input type="checkbox"/> a. Mother | <input type="checkbox"/> d. Foster parent |
| <input type="checkbox"/> b. Father | <input type="checkbox"/> e. Grandparent |
| <input type="checkbox"/> c. Step-parent | <input type="checkbox"/> f. Other _____ |

2. What grade is your child currently in? *(Please mark **only one**)*

- ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ Other

3. What type of health insurance does your child have today? *(Mark **all** that apply)*

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> a. None | <input type="checkbox"/> d. Medicaid HMO |
| <input type="checkbox"/> b. WV CHIP | <input type="checkbox"/> e. Private |
| <input type="checkbox"/> c. Medicaid | <input type="checkbox"/> f. Private HMO |
| | <input type="checkbox"/> g. Other _____ |

4. What types of staff has your child seen at the SBHC? *(Mark **all** that apply)*

- | | |
|---|---|
| <input type="checkbox"/> a. Nurse | <input type="checkbox"/> d. Dentist |
| <input type="checkbox"/> b. Mental Health Counselor | <input type="checkbox"/> e. Health Educator |
| <input type="checkbox"/> c. Doctor, Nurse Practitioner, Physician's Assistant | <input type="checkbox"/> f. Nutritionist |

5. Is your child using the SBHC to care for any of the following illnesses? *(Mark **all** that apply)*

- | | |
|--|--|
| <input type="checkbox"/> a. Asthma | <input type="checkbox"/> e. Physical disability |
| <input type="checkbox"/> b. Heart problems | <input type="checkbox"/> f. Developmental disability |
| <input type="checkbox"/> c. Seizures or epilepsy | <input type="checkbox"/> g. Attention deficit disorder (ADD) |
| <input type="checkbox"/> d. Diabetes | <input type="checkbox"/> h. Other _____ |

6. During the past year, where has your child gone **the most** for medical care (example: shots, check-ups, physicals, sickness, colds)? *(Please mark **only one**)*

- ☐ a. My school's SBHC
- ☐ b. The emergency room
- ☐ c. A medical clinic or private doctor's office
- ☐ d. Some other place
- ☐ e. There is no **one** particular place where my child usually goes.

Please turn page to continue →

7. Where does your child go **most often** for mental health services? (*Please mark **only one***)

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

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

- | | |
|--|--|
| <input type="checkbox"/> a. Care when they were sick | <input type="checkbox"/> e. Counseling for emotional issues |
| <input type="checkbox"/> b. Care for ongoing health problems | <input type="checkbox"/> f. Care for injuries received at school |
| <input type="checkbox"/> c. Head-to-toe physical exam | <input type="checkbox"/> g. Care for injuries not received at school |
| <input type="checkbox"/> d. Sports exam | <input type="checkbox"/> h. Dental services |
| | <input type="checkbox"/> i. Other_____ |

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

- | | | | |
|---|--------------------------------------|-------------------------------|------------------------------------|
| a. The people there are good with children. | <input type="checkbox"/> Not so Good | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| b. The appointments are convenient. | <input type="checkbox"/> Not so Good | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| c. I did not have to leave work. | <input type="checkbox"/> Not so Good | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| d. The staff talk to me about my child's illness. | <input type="checkbox"/> Not so Good | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| e. My child did not miss school because of health problems. | <input type="checkbox"/> Not so Good | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| f. The quality of health care was... | <input type="checkbox"/> Not so Good | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |

10. 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 our regular doctor.
- ☐ j. I don't know.

11. What services would you like to see your SBHC provide **more** of? (*Mark **all** that apply*)

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Support Groups | <input type="checkbox"/> Drug and Alcohol Counseling |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Health Education | <input type="checkbox"/> Other, Specify:_____ |

Please make any additional comments that you like: _____

Please have your child return this form to the SBHC as soon as possible.
THANK YOU for completing our survey!