

Cheney School District

Parent Questionnaire for Student with Diabetes

Name of Student

Date questionnaire completed

1. At what age was your child diagnosed with diabetes?
2. What is your biggest concern about your child being in school with diabetes?
3. Are you aware of any concerns your child has about managing diabetes in school?
4. How would you and your child prefer to share information about diabetes with classmates, teachers, bus drivers, etc.?
5. Do you and your child attend a diabetes clinic or education program? If so, please list below:

Diabetes Educator

phone

6. Has your child been hospitalized for diabetes? Where? _____
 - Hospitalized overnight? How long? How often?
 - Seen in the emergency Room and released? How often?
 - When was the last time your child was hospitalized overnight and why?
7. How well does your child manage his/her everyday needs for diabetes management?
 - Nutrition
 - Exercise
 - Medication
 - Ability to recognize EARLY signs of low and high blood sugar?
10. How does your child feel about his/her diabetes right now?
11. What have you found is the best way to help your child adjust to any changes due to diabetes?
12. What other information do you want us to know in order to best help your child in school?

Parent Signature

phone