



IMPROVING COMMUNITY HEALTH THROUGH POLICY RESEARCH

School Health Clinic - Parent Survey

A team at the Indiana University Center for Health Policy would like your feedback to understand if the School Health Clinics in Marion County Charter Schools are benefiting students and their families. We are collecting this information on behalf of the Richard M. Fairbanks Foundation.

The survey is voluntary and confidential (we will not share your answers with your child's school), and it should take no longer than 5-10 minutes to complete. If you choose to participate, you will have the opportunity to be entered into a drawing for one of four \$100 Visa gift cards.

Check one answer for each question, unless the instructions say to check more than one. Skip any questions you don't want to answer by selecting "I'd rather not answer". If you have more than one child in a Marion County charter school, please answer all questions based on your child with the most recent birthday.



**RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH**

INDIANA UNIVERSITY
Center for Health Policy
IUPUI

Would you like to be entered into a drawing for one of four \$100 Visa gift cards?

Yes

No

Are you willing to speak with our team individually or in a small group of other parents to discuss the School Health Clinic in great detail? If you say “yes” now, you can change your mind if we contact you.

Yes

No

What is your first and last name? _____

What is your phone number? _____

What is your email address? _____

Thank you for your time and feedback!

What Marion County charter school does your child currently attend? (Again, if you have more than one child in a Marion County charter school, please think about your child with the most recent birthday when answering the questions.)

What is your gender?

- Male*

 Female

 Other

 I'd rather not answer

What is your race/ethnicity? (Mark all that apply.)

- American Indian or Alaska Native*

 Native Hawaiian or Other Pacific Islander
 African American or Black

 White
 Asian

 I'd rather not answer
 Hispanic/Latino

Do you have any kind of healthcare insurance for your own healthcare needs?

- Yes, through an employer*

 No
 Yes, government (e.g., Medicaid, Healthy Indiana Plan)

 Not sure
 Yes, purchase a plan individually

 I'd rather not answer
 Yes, other _____

What do you believe are benefits of having the School Health Clinic? (Check all that apply.)

- Improves student health*

 Provides emergency/first-aid care
 Promotes health education

 Supports academic performance
 Helps reduce school absences

 Acts as referral resources
 Provides students with a safe place to go

 Helps teachers to focus on academics
 Enhances school safety

 I don't see any benefits
 Provides crisis intervention (e.g., suicide)

 I'd rather not answer
 Other _____

What do you believe are drawbacks of having the School Health Clinic? (Check all that apply.)

- Calls attention to controversial issues*

 Students might use it to get out of class
 Some student might use services their parents do not want them to use

 Takes space from other school programs
 Takes funds from other school programs

 None; I don't see any drawbacks
 Other _____

 I'd rather not answer

How much influence do you think the School Health Clinic has on the following?

	<i>A great deal</i>	<i>Some</i>	<i>Very little</i>	<i>None at all</i>	<i>Don't know</i>	<i>I'd rather not answer</i>
Reducing absenteeism	<input type="radio"/>					
Reducing drop-outs	<input type="radio"/>					
Improving school performance	<input type="radio"/>					
Increasing access to needed health care	<input type="radio"/>					
Creating a safer school environment	<input type="radio"/>					
Linking students to needed information and resources	<input type="radio"/>					

Other than the School Health Clinic, when was the last time your child saw a doctor or nurse for a physical exam or check-up when he/she was not sick or hurt?

- My child has never had a physical exam or check-up*

 Within the last year
 1 to 2 years ago

 More than 2 years ago
 I don't know/remember

 I'd rather not answer

	None	1 to 3 days	4 or more days	Don't know/ remember	I'd rather not answer
How often has your child missed a day of school in the last month to go to a medical or dental appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past four weeks of school, how many days of school did your child miss because of a HEALTH problem, like cold/flu, illness, toothache, stomachache or asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past four weeks of school, how many days of school did your child miss because of EMOTIONAL concern, like stress, feeling sad, depression, or family problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past four weeks of school, how many days of school did your child miss because of alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your child have a chronic/long-term illness, such as asthma or diabetes, that requires regular attention?

Yes *No* *I'd rather not answer*

Has your child visited the School Health Clinic this school year?

Yes *No* *Don't know* *I'd rather not answer*

Has your child received a vaccination at the School Health Clinic this school year?

Yes *No* *Don't know* *I'd rather not answer*

Did the School Health Clinic make you aware of your child's eligibility for health insurance or help you enroll your child in health insurance?

Yes *No* *Don't know* *I'd rather not answer*

Have you seen any of the following changes in your child as a result of the School Health Clinic?

	<i>A great deal</i>	<i>Some</i>	<i>Very little</i>	<i>None at all</i>	<i>Don't know</i>	<i>I'd rather not answer</i>
Improved health	<input type="radio"/>					
Fewer health-related absences	<input type="radio"/>					
Better classroom behavior	<input type="radio"/>					
Better grades	<input type="radio"/>					
More goals and plans for the future	<input type="radio"/>					

Do you have any suggestions to help the School Health Clinic improve its communication with parents and/or make its services more effective?

Do you have any comments or other feedback that you would like to share? (For example, personal stories about how the School Health Clinic has helped you or your child.)