

**SCHOOL NURSE CORPS**

**PROGRAM**

**PARENT SURVEY 2015-16**

**Directions:**

Please answer the questions below to tell us how your school nurse has made a difference for you or your child. This information will help improve services to your child and may be shared with state legislators. **DO NOT SIGN YOUR NAME TO THE SURVEY.** No one will know how you personally answer the questions.

Mark an X in the appropriate box below to answer each question. **This form is to be completed and returned to the ESD, do not send to OSPI.**

The School Nurse Corps registered nurse (R.N.) cares for children at your school. Your child has a health condition and may take medication at school. The R.N. may have set up a health plan or trained school staff to care for your child's health needs

	Strongly Agree	Agree	No Opinion/NA	Disagree	Strongly Disagree
1. The school nurse and I worked together to keep my child safe and healthy at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My child is safer at school because of the health care plan and services put in place by the school nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child's attendance is improved because of health care provided by the school nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communication about my child's health needs between myself, school staff and health care providers is improved because of the school nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know how to contact the school nurse if I have questions or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: