

Boston Children's Hospital
Pediatric Integrated Care Survey
For Parents/Guardians
MODULE 5: School and Services Through
Individualized Education Plan
Version 1.0



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For permissions to use the Pediatric Integrated Care Survey, please contact
Dr. Richard Antonelli (Richard.Antonelli@childrens.harvard.edu)

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1. In the past 12 months, has your child attended school or received services through an individualized education plan? (*Check ONE box*)

- Yes → go to question [2]
- No → skip to question []

2. In the past 12 months, how often have your child's care team members asked you if you needed help getting services at school or at other places where your child receives educational services? (*Check ONE box*)

- Never
- Rarely
- Sometimes
- Usually
- Almost Always
- Always

3. In the past 12 months, how often have your child's care team members helped you if there were any problems with your child attending school or receiving services in school related to his/her health issues? (*Check ONE box*)

- Never
- Rarely
- Sometimes
- Usually
- Almost Always
- Always
- There were no problems with my child attending school or receiving services in school
- This does not apply to my child's educational situation

4. In the past 12 months, how often have all of your child's care team members been aware of events related to your child's health or care happening at your child's school or where your child receives educational services? (*Check ONE box*)

- Never
- Rarely
- Sometimes
- Usually
- Almost Always
- Always
- I don't know

5. In the past 12 months, how often have your child's care team members who cared for your child outside of school asked you if you would like them to speak to your child's in-school care team members when there have been changes in your child's health or care? (*Check ONE box*)

- Never
- Rarely
- Sometimes
- Usually
- Almost Always
- Always
- There were no care team members who cared for my child in school/this does not apply to my child's educational situation
- There were no changes in my child's health or care

