

CHILD HEALTH CARE ASSESSMENT TOOL



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Use this handout to assess health care of a child with special health care needs.

Ask parents the following questions.

Part A: Answer the following questions.

- | | YES | NO |
|---|-----|----|
| 1. Does your child have a primary care provider they see for regular care? | | |
| 2. Does your child have health insurance? | | |
| 3. Does your child have a health care specialist (i.e. speech therapist, nutritionist)? | | |
| 4. Does your child have a treatment plan to manage their symptoms? | | |
| 5. Are you aware of your rights and responsibilities as a parent of a child with special health care needs? | | |



Part B: Answer the following questions if you answered “Yes” to question 4.

- | | YES | NO |
|--|-----|----|
| 1. Do you have a hard copy of your child’s treatment plans in your preferred language? | | |
| 2. Have you met with your child’s school to discuss your child’s treatment plan? | | |
| 3. Do you understand your child’s current treatment plan? | | |
| 4. Do you agree with your child’s current treatment plan? | | |
| 5. Does your child understand their current treatment plan? | | |

Rate each question on a scale of 1 to 5 with 1 being “not very” and 5 being “extremely.”

- | | Circle one | | | | |
|---|------------|---|---|-----------|---|
| | Not very | | | Extremely | |
| 6. How strong are your child’s skills to help manage their feelings and symptoms? | 1 | 2 | 3 | 4 | 5 |
| 7. How strong are your skills to help manage your child’s feelings and symptoms? | 1 | 2 | 3 | 4 | 5 |
| 8. How comfortable do you feel discussing your child’s health care needs with family and friends? | 1 | 2 | 3 | 4 | 5 |