IDENTIFYING PROBLEMS FOR FAMILIES

We understand that any families have experienced problems as they work to support their children in school and in activities in the community. In addition, the pandemic has presented a whole new set of challenges.

In order to assist us in identifying ongoing/new issues, please complete the questions below. You are welcome to contact us privately to discuss your problems and concerns.

1) How is your school supporting your child?

   a) Monitoring the CGM: yes___ no___
   b) Administering insulin: yes___ no___
   c) If yes, by a finger check or by checking the CGM? _____ Finger Check _____ CGM
   d) Do you feel that your school is responsive to the doctor’s orders: yes___ no____
      If no, please explain____________________________________________________
      __________________________________________________
   e) Does your school allow your input in dosing decisions? yes____ no____
   f) Do you think that your school is appropriately meeting your child’s medical needs? ________________________________
      __________________________________________________
   g) Does your school allow your child to participate in all School activities?
      In-School (sports, etc.): yes____ no____
      Out of school trips: yes____ no____
      Does your school require the parent to accompany your child on school activities/trips: yes____ no____
2) Regarding participation in out of school activities (camp, day care, sports, clubs, etc)

   a) Is your child allowed to participate in the activity?
      Yes____ No____

   b) Is the program restricting your child’s participation in any way?
      If yes, please explain __________________________________________
      ___________________________________________________________

   c) Is the activity requiring you to provide any of the diabetes treatment during the activity (monitoring CGM, administering insulin, etc.)

3) Do you have any other concerns about restrictions that your child is facing based on their T1D diagnosis?

Thank you for completing this questionnaire. If you are interested in having a follow-up conversation about the issues that you raised, please leave your contact information.

Name: __________________________________________________________

Phone Number: __________________________

E-mail Address: __________________________
If you have any questions or concerns, please contact:

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