

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?		
	b)	Monitoring the CGM: yes no Administering insulin: yes no 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 chemedical 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)		you have any other concerns about restrictions that your child is facing sed on their T1D diagnosis?		
	-up	u for completing this questionnaire. If you are interested in having a conversation about the issues that you raised, please leave your contaction.		
Name	:			
Phone	. Nu	umber:		
E-mail	Ac	ldress:		



If you have any questions or concerns, please contact:

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