Oregon Center for Children and Youth with Special Health Needs

OCCYSHN

Community Connections Network

linking health, education and community services through a network of community-based teams

PARENT SUMMARY FORM

Child's Name:_____ **Parent:**_____

DOB:_____ **Date Completed:**_____

Referral Source:_____ **Referral Reason:**_____

What questions/concerns would you like the team to address?

_____

_____

_____

Share some of your child's strengths?

_____

_____

_____

Is there any other information about your child you want to share with the Clinic team?

_____

_____

_____

_____

Please return to:

Coordinator's name
Community Connections Coordinator
Address
City

over → Family Concerns

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FAMILY CONCERNS

* Check all that apply. It may not be possible for the team to address and solve all family concerns, however it is helpful to know areas of concern.

FINANCES	MEDICAL / HEALTH	ACCESS / ENVIRONMENT	PSYCHOSOCIAL	SCHOOL / EDUCATION	COMMUNITY RESOURCES
❑ No Concerns	❑ No Concerns	❑ No Concerns	❑ No Concerns	❑ No Concerns	❑ No Concerns
❑ SSI ❑ Disability services ❑ Health insurance coverage ❑ Medical expenses after insurance ❑ Household expenses covered ❑ Food/clothing ❑ Fuel/utilities ❑ Housing ❑ Respite expenses ❑ Other _____	❑ Access to Primary Care Physician ❑ Access to dental care ❑ Access to specialty care for condition ❑ Communication with professionals ❑ Coordination between providers ❑ Health information ❑ Medication use and side effects ❑ Growth & development ❑ Nutrition & feeding ❑ Other _____	❑ Adaptive equipment such as feeding utensils, lifts, prone stander, walker ❑ Manual wheelchair ❑ Motorized wheelchair ❑ Home modifications such as wheelchair ramps, doors ❑ Transportation ❑ Augmentative communication device ❑ Other _____	❑ Child behavior ❑ Peer interactions ❑ Emotional support ❑ Parent/family support ❑ Sibling support ❑ Other _____	❑ Early Intervention ❑ Special education ❑ Tutoring ❑ Voc. rehabilitation ❑ Physical therapy ❑ Speech therapy ❑ Occupational therapy ❑ Assistance teaching providers about health ❑ Support with IFSP/IEP Process ❑ Support for transition process ❑ Other _____	❑ Recreation / social interactions ❑ Child care ❑ Job training ❑ Legal services ❑ Summer/day camps ❑ Respite ❑ Other _____

over → Parent Summary

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