



**Experiences Working with Your Child's
Health and Other Care Professionals**

Parent/Guardian Study Interest Form

I am being asked if a study team member from the Oregon Center for Children and Youth with Special Health Needs may contact me with a survey in two to four months. The survey asks questions about working with providers who care for my child. I understand that I may refuse to participate in the survey. If I decline to have the study team member contact me, this will not affect the services my child or I receive from the county public health department.

Are you interested in participating in this survey? If yes, please complete the following questions.

a. What is your name? _____

b. How would you like to fill out the survey?

☐ Online (*We will email you the survey*)

☐ On paper (*We will mail you the survey with a pre-paid return envelope included*)

c. If you prefer to fill out an online survey, what is the best email address to use to send you the survey?

d. If you prefer to fill out a paper survey, what is the best mailing address to use to mail you the survey?

Street address: _____

City: _____

State: _____

Zipcode: _____

Date: _____