

## **PL-1 TEAM Evaluation**

*Children's Hospital of Wisconsin, Medical College of Wisconsin & Special Needs Family Center*

Please answer questions 1-6 of the Pre-Evaluation before you complete the PL-1 TEAM curriculum. Complete the remaining questions after your home visit..

Scale Definition: 1= Strongly Agree	2=Agree	3=Disagree	4=Strongly Disagree
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<b>Comfort and Competency Before PL-1 TEAM (Questions 1-6)</b>	1	2	3	4
1. I can define Child/Youth with Special Health Care Needs (CYSHCN).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know what a medical home is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know at least two benefits of a medical home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can describe family centered care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have talked with a family about the impact of special health care needs on a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know how to access and utilize the Family Resource Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Comfort and Competency after the Rotation (Questions 7-12)</b>	1	2	3	4
7. I can define Child/Youth with Special Health Care Needs (CYSHCN).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I know what a medical home is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I know at least two benefits of a medical home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I can describe family centered care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have talked with a family about the impact of special health care needs on a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I know how to access and utilize the Family Resource Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Assessment of the Rotation (Questions 13-15)</b>	1	2	3	4
13. The PL-1 TEAM learning session is relevant to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. This rotation provided me with insight into caring for CYSHCN.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. This rotation will change the way that I work with CYSHCN and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the rotation will change how you care for CYSHCN their families, please describe.

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### **Additional Comments:**

**Please return this evaluation when completed to:**

*Anne Juhlmann  
Special Needs Family Center  
Children's Hospital of Wisconsin  
MS 939*