

TEAM Longitudinal Family Mentor Log

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

Please use a check mark to indicate issues that you have discussed with family. Detailed discussion points for each main topic can be found on the TEAM Shared Drive at Children's Hospital of Wisconsin.

Child with Special Health Care Needs

- I have asked the family to describe their child?
- I have asked the family to tell me about the child's strengths?
- I have asked the family how their child is coping with their special health care need?

Household

- Who lives in the home?
- Current health and developmental status of each household member.
- Transportation.
- What it is like to have people come to the house on a regular basis.

Impact of Having a CSHCN

- On Siblings
- On parent's friendships
- On their marriage or relationship with a significant other
- On childcare arrangements
- On household economics
- On family vacations
- On other family outings (going out to eat, going to the movies, the mall, etc.)
- On faith and/or involvement in a faith based organization
- On political views
- On relationships with extended family
- On daily schedules for everyone in the house
- On the parent's respective careers

Daily Life

- Daily schedules and life for the CSHCN and family.
- How household tasks are divided among family members?

Durable Medical Equipment

- Special technologies or special equipment needed to care for the CSHCN at home.
- Home modifications.
- Out of pocket costs they have associated with the special equipment.
- Parent's feelings of being prepared to use special equipment before going home with it.

Diagnosis

- Family's observations and experiences when child was first diagnosed/hospitalized.
- How family feels about the diagnosis now.

Educational Program

- If and where the child goes to school or receives early intervention services.
- How the CSHCN is doing in school.
- Frequency of absences, how absences are addressed.
- Nursing services at school
- Benefits child gets from going to school?

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- Benefits other children get from having a CYSHCN in their class
- Child's participation in extra curricular activities?
- Satisfaction with school staff
- Parent's role in educating staff about child and his/her needs?
- Type of education and health plans in place
- Primary physician's involvement in the educational plan process?
- Special Education related services

Decisions

- Discussion of some of the hardest decisions made on behalf of child
- How family makes decisions about Child and who helps.

Delivery of Healthcare

- Providers – who, where? How important are they to family.
- Does family consider that they have a “medical home.” What does medical home mean to the family.
- Who coordinates child's care?
- Satisfaction with primary provider.
- Where or from whom is most information regarding child's diagnoses and needs obtained?
- General satisfaction with health care services for child.
- Parent's description of an ideal primary provider.

Health Care Coverage

- How is child's health care paid for?
- If insurance – what is paid for and what is not.
- Who writes and submits referrals?
- Problems with getting healthcare paid for?
- Satisfaction with health care insurance?
- What kinds of things need to be done to make sure child's healthcare is paid for?
- Role of primary provider in advocating for health care benefits.

The future

- Plan for CSHCN in case primary caregivers are unable to care for child someday?
- Plan for CSHCN once they turn 21?
- Limitations of care?
- What are parent's short term goals for the child?
- What are parent's long term goals for the child?

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Visits: Indicate the dates and nature of all activities with Family Mentor

PGY1: At least one home visit is required during the PGY1 year. Additional time spent with family is optional. Call TEAM Program Coordinator after required visit is completed or if you have difficulties arranging a visit.

Activity	Date	Date
Visit family at home (required)		
Attend a care conference with family		
Go to school with child.		
Attend an IFSP or IEP Meeting with family.		
Accompany family to child's clinic, therapy or primary provider appt.		
Other :		

PGY2: Two contacts with family are required. One must be a home visit. The other contact may be either a home visit or one of the other activities listed below. Additional time spent with family beyond the required contacts is optional at the discretion of family and resident. Call TEAM Coordinator when each visit is completed or if you have difficulties arranging a visit.

Activity	Date	Date
Visit family at home (required)		
Attend a care conference with family		
Go to school with child.		
Attend an IFSP or IEP Meeting with family.		
Accompany family to child's clinic, therapy or primary provider appt.		
Other :		

PGY3: Two contacts with family are required. The contacts may be home visits or chosen from the activities listed below. Additional time spent with family beyond the required contacts is optional at the discretion of family and resident. Call TEAM Coordinator when each visit is completed or if you have difficulties arranging a visit.

Activity	Date	Date
Visit family at home		
Attend a care conference with family		
Go to school with child.		
Attend an IFSP or IEP Meeting with family.		
Accompany family to child's clinic, therapy or primary provider appt.		
Other :		

