

Questionnaire for Dental Professionals Serving Special Needs Populations

2-1-1 First Call For Help needs your assistance in finding dentists and medical professionals in our immediate community that serve children (birth-22) with special needs and developmental disabilities (e.g. Autism, Cerebral Palsy, visual or hearing impairments). The goal is to create an information and referral database for parents and providers in Broward County who require specialized accommodations and treatments for a child with special needs. If you choose to complete this survey, you must also input your name, title, and principle site address in order to be included in this information and referral database, which is at no charge. By taking a moment to complete this survey, you will be helping to identify appropriate referrals for the special needs community in Broward County. We sincerely thank you for your time and consideration.

Your Name:

 (First) (Last)

For referrals, please list your principal office in Broward County:

 Phone: _____

1. Do you have a specialization related to assisting the developmentally disabled?
 (please specify) _____
 (please specify) _____

2. Which age group(s) do you see consistently on your site? *(Check all that apply)*
 Newborns / Infants with Disabilities
 Children with Disabilities
 Adolescents with Disabilities
 Others (please specify) _____

3. Approximately what percentage of your practice, in a 12-month period, consisted of serving children with special (health care) needs? _____%

4. Please identify any specialization / trainings that you or your medical team has: _____
 Autism Cerebral Palsy Visual Impairments Hearing Impairments Mental Retardation
Other(s): _____

Accessibility

5. Are you willing to reasonably extend a scheduled appointment (or currently do so) when seeing a child with special needs at your office?
 Yes **No**
Additional Comments: _____

6. Is the patient site fully accessible to the disabled population?
 Yes **No**
Additional Comments: _____

Coordination

7. Would your office consider contacting the school regarding a child's health and education needs, as part of care coordination (or do you currently perform this type of communication)?

Yes **No**

Additional Comments: _____

8. Are you knowledgeable about resources (direct or indirect: e.g., federal, state, local, foundations, clubs, non-governmental agencies) available to families of special needs children?

Yes **No**

Additional Comments: _____

9. Would you be comfortable working in a medical-team situation with other professionals who may also be seeing the child with special needs?

Yes **No**

Additional Comments: _____

10. Is there a designated dentist who sees your patients when you are unavailable?

Yes **No**

Additional Comments: _____

11. Would there be any additional charges for a supplemental staff member to assist with a child having special needs?

Yes **No**

Additional Comments: _____

12. Would you be interested in more information (i.e. hand-outs, newsletters, or attending workshop) on the topic of adequately serving the disabled population for your practice?

Yes **No**

Additional Comments: _____

13. What do you see as being the major obstacle(s) to providing effective care to children with special needs?

Comments: _____

Thank you for completing this survey.



Please either return by mail to: Special Needs Manager, 2-1-1 First Call For Help of Broward, 3217 NW 10th Terrace, Suite 307, Fort Lauderdale, FL 33309 or fax to (954) 390-0499