

Questionnaire for Pediatricians Serving the Special Needs Population

2-1-1 First Call For Help needs your assistance in finding pediatricians 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.

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|---|
| Your Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (First) (Last) </div> |
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| For referrals, please list your principal office in <u>Broward County</u> : _____ _____ _____ Phone: _____ |
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1. What is your area of specialization?
 - Developmental Pediatrician
 - Family Practitioner
 - Children and Adolescents
 - Other Pediatrician (please specify) _____

2. Which age group(s) do you see consistently in your practice? *(Check all that apply)*
 - Newborns / Infants with Disabilities
 - Children with Disabilities
 - Adolescents with Disabilities
 - Other ages (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: _____

7. Does your facility permit the parent or guardian of the child to attend, on-site, all appropriate medical procedures (including hospitalizations)?
 - Yes** **No**
 - Additional Comments: _____

Coordination

8. 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: _____

9. 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: _____

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

Yes **No**

Additional Comments: _____

11. Is there a designated medical doctor who sees your patients when you are unavailable?

Yes **No**

Additional Comments: _____

12. After examination of the child, are you able to arrange for a staff member to watch the child while you discuss concerns with parents or guardians?

Yes **No**

Additional Comments: _____

13. Would there be any additional charges for these aforementioned arrangements?

Yes **No**

Additional Comments: _____

14. 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: _____

15. 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