Parent Telehealth Satisfaction Survey

http://survey.constantcontact.com/survey/a07egd7a39wjw9ns1ij/start

Please tell us about your experience using telehealth. The information that you provide will help us to make improvements in this method of bringing important healthcare to children and adolescents who may not otherwise receive this care.

You are not required to answer any question that makes you feel uncomfortable. Your individual answers and comments will not be shared with anyone. If you choose not to answer any questions, your child will still receive services. We appreciate your input.

2. What grade is your child currently in? □ PK □ K □ 1 □ 2 □ 3 □ 4 □ What insurance does your child have □ Medicaid □ WV CHIP □ □ Thinking about the school-based tele	□ 5 □ 6 ? □ Employer/Pı	□7 □] None □	Self-Pay	
ollowing:	Strongly	Agree	Neither agree	Disagree	Strongly
The staff provided me with enough information to know how telehealth would work.	Agree	0	nor disagree	0	Disagree
I was given the option to be present during my child's visit.	0	0	0	0	0
The staff contacted me after my child's visit.	0	0	0	0	0
I did not have to take time away from work	0	0	0	0	0
My child is comfortable using telehealth for visits with the therapist.	0	0	0	0	0
Overall, I am satisfied with the use of telehealth for my child.	0	0	0	0	0
. Please provide any additional comme	ents about you	ır experiend	ce with telehealth	n for your c	hild.