

# SCHOOL SCREENING SURVEY

Proponent agency is MCHF-DFCM.

1. Did you call to schedule a time for school screening or did you walk in? (Please check appropriate box.)

CALLED FOR APPT       WALK IN

2. Was your outpatient record available to you?     Yes       No

3. Where was your longest wait time? \_\_\_\_\_ How long? \_\_\_\_\_

### Station 1: Internal Medicine

Check In, Height and Weight      Time In: \_\_\_\_\_

Dental Screening      Time In: \_\_\_\_\_

Nutrition Screening      Time In: \_\_\_\_\_

### Station 2: EENT Clinic

Eye and Ear Screening      Time In: \_\_\_\_\_

### Station 3: Family Medicine

Immunization Screening      Time In: \_\_\_\_\_

4. How much time did it take to go through the entire process, from start to finish? \_\_\_\_\_

5. What was most helpful to you? \_\_\_\_\_  
\_\_\_\_\_

6. Recommendation for improvement: \_\_\_\_\_  
\_\_\_\_\_

Thank you for your responses!

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

