

Reviewer:		Date completed:				
Name of Care Plan:						
Source (agency/organizations/entity/etc):						
URL:						
A. Care Plan Overview						
<i>Basic information is included that provides:</i>						
1. Are instructions/guidelines/suggestions for using the care plan provided? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please rate the instructions provided using the following items and scale:						
	1	2	3	4	5	
	Poor	Fair	Average	Good	Excellent	
Clarity of information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amount of information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Initiating or getting the care plan started						
4. Is it clear who can initiate the care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other						
If Yes, please indicate who may initiate this care plan: <input type="checkbox"/> Provider <input type="checkbox"/> Family <input type="checkbox"/> Both						
5. Are their restrictions in place as to who can initiate the care plan or are there controls in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure						
If Yes, please describe						
6. Is a process for initiating the care plan provided/suggested? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, does the process include suggestions/strategies for encouraging and empowering parents to						
Talk with their medical team? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Follow a care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Write things down? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please comment on the strengths/weaknesses of the prescribed process to <i>initiate</i> the care plan:						
C. Getting the information in – and out – of the care plan						
1. Is there a process in place for removing or correcting information in the care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please describe						
8. Are there controls built into the care plan that allow or prohibit access to information within the care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please describe						
9. Does the care plan provide information to help family members think about and address issues of confidentiality/privacy protecting information (i.e. who has access to information)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
9a. If Yes, to whom such information directed? <input type="checkbox"/> providers <input type="checkbox"/> families <input type="checkbox"/> both families and providers						
9b. If Yes, Please describe						
10. If it is electronic, which of the following are automatically recorded when any changes are made? (check all that apply) <input type="checkbox"/> Name of person who made changes <input type="checkbox"/> Date when changes were made						
Please comment on the strengths/weaknesses of the way this care plan provides information to address issues of confidentiality/privacy/protecting information						

D.	Format
	10. In which of the formats is the care plan available?
	<input type="checkbox"/> Accordion File
	<input type="checkbox"/> Binder
	<input type="checkbox"/> Electronic with print option or save to flash drive
	<input type="checkbox"/> Electronic – download, fill-in and print
	<input type="checkbox"/> Electronic with web-based option
	<input type="checkbox"/> Other; Please describe
	12. Is the care plan arranged in modules or sections that allow for choosing what to include? <input type="checkbox"/> Yes <input type="checkbox"/> No
	11. Are there space limitations/restrictions on the amount of information that can be included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe
	12. Please comment on the strengths/weaknesses of the format(s) in which this care plan is available:
E.	Care Plan Components
	13. Please check to indicate this type of information is included in the care plan
	<input type="checkbox"/> Medical care
	<input type="checkbox"/> Insurance information
	<input type="checkbox"/> Medication list and schedule,
	<input type="checkbox"/> Health history
	<input type="checkbox"/> Drug/pharmaceutical now
	<input type="checkbox"/> Drug/pharmaceutical history
	<input type="checkbox"/> Nutritional Needs and Schedule
	<input type="checkbox"/> Allergies (medical, food and environmental)
	<input type="checkbox"/> Treatment(s) and treatment schedule (ie. Respiratory...Nutrition...)
	<input type="checkbox"/> “Typical day” info
	<input type="checkbox"/> “About Me” information
	<input type="checkbox"/> Mobility Needs
	<input type="checkbox"/> Rest/Sleep Patterns/Needs
	<input type="checkbox"/> Social/Play Patterns/Needs
	<input type="checkbox"/> Information to inform school personnel
	<input type="checkbox"/> Information to inform child care provider
	<input type="checkbox"/> Transportation Needs
	<input type="checkbox"/> Contact information – family, emergency
	<input type="checkbox"/> Contact Information (Pharmacist, Specialist, Durable Medical Equipment and Supplies)
	<input type="checkbox"/> Other, Please list
F.	Audience – <i>Who is the care plan intended to provide information for/to?</i>
	14. Does the care plan suggest/help you think about who might need access to information about your child to facilitate your child’s quality of care (life) (outcomes)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please check the audiences the care plan includes/identifies
	<input type="checkbox"/> Those who regularly care for your child
	<input type="checkbox"/> teacher
	<input type="checkbox"/> bus aide
	<input type="checkbox"/> Other, please describe
	<input type="checkbox"/> Those who occasionally provide care for your child
	<input type="checkbox"/> information specific to substitute teacher

	<input type="checkbox"/>	substitute bus aide
	<input type="checkbox"/>	Other, please describe
G. Adaptability		
15	Does the care plan help you think about how your child's needs change as they grow? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please describe	
16	Does the care plan prompt you to regularly review and update information (e.g., every six months? Quarterly?)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please describe how the prompt is provided:	
H. Transitions		
17	Does the care plan help you think about transition to adult services and think about questions to help you plan, such as: <i>please check all that apply</i>	
	<input type="checkbox"/>	When will planning for transition to adult services start?
	<input type="checkbox"/>	What program changes will be necessary?
	<input type="checkbox"/>	What is needed for my child and how is this decided?
	<input type="checkbox"/>	What services are available?
	<input type="checkbox"/>	What are the options available?
	<input type="checkbox"/>	What will my families new rights and responsibilities be?
	<input type="checkbox"/>	How and when will the transition occur?
	<input type="checkbox"/>	Who else, in my child's life, needs information because of the transition?
18	Does the care plan help you think about other changes, i.e. transitions (e.g. moving from a toddler program into a preschool; changing day care providers, etc.) and think about questions to help you plan, such as: <i>please check all that apply</i>	
	<input type="checkbox"/>	When will planning for this transition start?
	<input type="checkbox"/>	What program changes will be necessary?
	<input type="checkbox"/>	What is needed for my child and how is this decided?
	<input type="checkbox"/>	What services are available?
	<input type="checkbox"/>	What are the options available?
	<input type="checkbox"/>	What will my families new rights and responsibilities be?
	<input type="checkbox"/>	How and when will the transition occur?
	<input type="checkbox"/>	Who else, in my child's life, needs information because of the transition?
I. Goals and measurements		
19	Does the care plan allow you to set and complete goals for the future that can be evaluated regularly? <input type="checkbox"/> yes <input type="checkbox"/> No	
I. User Friendliness		
20	Is the care plan user-friendly, i.e. easy to use? Does the benefit of using balance the effort? <input type="checkbox"/> yes <input type="checkbox"/> No	
	Please comment on the user-friendliness or balance between benefit and effort	
J. Use with Genetic/heritable disorders		
21	Can this care plan be adapted for children with heritable disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please describe:	
	What could transfer easily?	
	What would need to be adapted?	

K	Advocacy and Resources
20. Does the plan provide information to help families identify resources to help them advocate for their child's best interest as issues arise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please describe <input type="checkbox"/>	

These issues are still under discussion:

1. Transition - how should care plans help families identify "transition situations"? Is it appropriate to include a broader transition mindset in the care plan (e.g. beyond focusing on transitioning from pediatric/adolescent health care to adult medical care providers to include other transitions that occur throughout the life span?
2. Goals:
3. Is it appropriate to include child and family goals in care coordination plans?
How are goals established and selected for inclusion in a care coordination plan?
Child may have multiple goals identified by individual systems. Would a goal sheet to record the goal with steps to achieve and steps to measure progress be helpful?