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# Survey of Parental Attitudes Towards Health Services in the Beaverton Schools

Nancy M. King  
*Portland State University*

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SURVEY OF PARENTAL ATTITUDES TOWARDS HEALTH  
SERVICES IN THE BEAVERTON SCHOOLS

by

NANCY M. KING

LEE B. MAXEY

NANCY M. STEGEN

LESLEY D. UNTHANK

A report submitted in partial fulfillment  
of the requirements for the degree of

MASTER OF  
SOCIAL WORK

Portland State University  
1974

TO THE OFFICE OF GRADUATE STUDIES:

The members of the committee approve the group project of Nancy King, et al. presented June 3, 1974.

\_\_\_\_\_  
Nancy Koroloff, Chairman

\_\_\_\_\_  
Dr. Quentin Clarkson

\_\_\_\_\_  
Dr. Wayne Neuburger

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## I. INTRODUCTION

There is a growing community concern about the development of preventative health and health maintenance programs. Recent changes in the state health regulations are beginning to show this concern. These contemporary changes bring about the need for the school district to evaluate the status of their existing programs in the light of the changing community requirements. The purpose of this study was, therefore, to collect and evaluate information on health services provided to children enrolled in the Beaverton School District. The primary areas of inquiry in the study were (1) parents attitudes concerning how existing programs have affected their children, (2) parents perceptions of needed and/or additional health services which could be provided by the school system, (3) parents attitudes toward budgetary decisions concerning possible changes and improvements in health services.

The data collected and analyzed will be useful in making district decisions concerning projected or proposed health service changes and improvements within the school district.

The following areas were taken into consideration in reviewing parental attitudes toward health services:

1. Insurance - Do parents make use of the school accident insurance for their children?
2. Medical Examinations - Should a current physical examination be required by the school district for every first grade or transfer student?
3. Immunization law - How does the new Oregon Immunization law affect first grade and transfer students? What are the parents attitude toward the law?

4. Reports and Records - What school records, including behavioral information, do the parents feel should be kept by the school?
5. Screening and Referrals - What are the parents attitudes toward the school's role in screening and referrals?
6. First aid and emergency care - What are the parents feelings about the school's role in first aid and emergency situations that involve their children at school?
7. Cost of Health Services - What are the parents' opinion of changes or improvements in the school health services and would they accept changes in the health services with or without additional cost?

Presently, all of the schools keep records on immunizations, names of family physicians, and days absent. Within the school district, the services of nurses are contracted through the Washington County Public Health Department. The present nursing schedule involves a biweekly or a monthly contact with the schools. This is done by either telephone or a school visit by the nurses.

The study of parental attitudes toward health services has been conducted by the Department of Administrative Services with the assistance of four Master of Social Work candidates who are submitting the study as partial fulfillment of requirements for this degree.

## II. PROCEDURES AND DESIGN

### The Instrument

An interview schedule was used to collect data from a random sample of parents of school children in the Beaverton School District. The interview schedule was designed to consist of structured questions which could be answered by "yes" or "no" or with specific information. Some open-ended questions were included as well. While "yes" and "no" responses were desirable for purposes of tabulation and data presentation, it was felt that it was also necessary to be aware of the attitudes which could result in open-ended responses. Since parental attitudes were the focus of the study, comments and exceptions were included in the schedule to elicit qualifying data.

Personal interviews were held in the homes of the respondents. The advantages of using an interview schedule are many. The presence of the interviewer acts as a stimulus to elicit responses and he is readily available to explain the meaning of questions which may be unclear to the respondent. Additionally, the interview schedule is known to have a higher response rate than the telephone interview or the mailed questionnaire. Personal interviews were possible due to the relatively small size of the sample.



### Sample

The parents to be interviewed were randomly chosen from a list of the names of the children enrolled in the Beaverton School District. The sample was stratified by school level: elementary, intermediate, and high school. There are a total of 10,048 children enrolled at the elementary level, 5,399 at the intermediate level, and 4,603 at the high school level. The sample size from each strata was approximately proportionate to the number of students at each level.

A sample of 250 families was chosen: 125 from the elementary list, 64 from the intermediate list, and 64 from the high school list of students. Duplication of families was avoided so that no one family would be interviewed more than once. One or both parents were interviewed and counted as a single response.

The elementary sample was drawn as a two-stage sample from the 26 elementary schools. The parent sample was drawn from eight schools which were randomly sampled from the 26 schools.

A replacement sample drawn at the same time as the regular sample was used to replace those potential respondents who had moved outside the school district or who had moved within the school district but could not be located.

### Pilot

In January, 1974, the interview schedule was piloted on two elementary school families, two intermediate families, and two high school families. Generally, it was felt that

the parents interviewed were extremely positive toward the interview. The pilot resulted in the re-wording of some questions to permit conversational flow and the reconstruction of some sets of questions. A copy of the revised interview schedule can be found in Appendix A.

### Training the Interviewers

Early in February, four interviewers employed by the school district met with the study group for a two-hour training session. The interviewers were given both verbal and written directions. (See Appendix A)

### Data Collection

Interviewers called on the parents at home without a prearranged appointment and attempted to complete the interview at that time. To facilitate the interviewer's entrance into the respondent's homes, the Coordinator of Student Services sent an introductory letter to the parents about one week before the interview was expected to take place. The letter explained the purpose of the study, gave notification of the impending interview, and requested their cooperation. (See Appendix A)

Data collection occurred from January to April, 1974. When the gas crisis reached its height in early March, a change in approach was instituted. Visiting the subjects' homes without a prearranged appointment frequently resulted in numerous return visits. This method became an impractical and expensive one during the gas shortage. Therefore, appointments were made by telephone. This method proved to be highly successful and was used for the remainder of the collection period, as only a few refusals were encountered.

### Follow-up on Move Aways and Refusals

Anticipating that some of the sampled families might have

moved and some might refuse to be interviewed, a system was constructed to deal with these events. It was decided that a refusal would be counted as a response and would not be replaced. An explanation of the conditions under which a response would be considered to be a refusal is included in Directions to Interviewer. (See Appendix A)

If the sampled family had moved outside the school district, it was replaced by a name from the replacement list for the appropriate school level. If the family had moved within the district, efforts were made to locate them so that the interview could be completed. When those efforts failed, a replacement was used.

### III. RESULTS

#### Introduction

From a total sample of 249 interviews, only 14 respondents refused to complete the interview.

Interview refusals and completions are described below according to the three school levels examined in the study (see Table

TABLE 1  
Interview Returns Frequencies by School Level

	Completed Interviews	Refusals	Totals
Elementary	116	7	123
Intermediate	60	4	64
High School	59	3	62
TOTALS	235	14	249 (Total Sample)

A total sample of 235 was used for all analyses. Please see Appendix B for a discussion of the analyses of data.

### Background Information

Background information collected on each responding family included:

- ( 1) elementary school zone as an indicator of geographic location;
- ( 2) school level;
- ( 3) race;
- ( 4) number of children in the school level represented;
- ( 5) the age of each child in that school level;
- ( 6) the sex of each child;
- ( 7) the grade level for each child;
- ( 8) the school attended;
- ( 9) the number of adults in the household;
- (10) the number of children in the household;
- (11) the number of parents for those children in the school level which the family represented;
- (12) the occupations of the wage earners in the family;  
and
- (13) the family's present yearly income.

The reason for collecting demographic information was to determine whether any of the items might be associated with specific parent attitudes toward health services in the schools. See Appendix C for detailed results of background information.

### Insurance

Two questions were asked about insurance to determine the amount and extent of insurance coverage provided by parents.

The following question was asked to find out how many parents enroll their children in the school accident coverage offered through the school district:

"Is your child (children) covered by the school accident insurance?"

TABLE 2

Percentage of parents who enroll their children in the school accident insurance

	Elementary	Intermediate	High School
Yes	30	31	40
No	68	68	59

Approximately one-third of the parents responded that their child (children) was covered by school health insurance.

The parents were also asked:

"Is your child (children) in elementary (junior high, high school) presently covered by health insurance?"

Most of the parents responded affirmatively to this question.

TABLE 3

Percentage of parents who enroll their children in health insurance.

	Elementary	Intermediate	High School
Yes	97	90	94
No	2	10	5



Medical Examinations

Parents were asked two questions designed to assess their attitude toward requiring medical examinations.

"Do you believe schools should require a child to have a medical exam when he or she enters the first grade?"

Most of the respondents felt that schools should require a medical exam for children entering the first grade.

TABLE 4

Percentage of parents who felt medical exams should be required for children entering the first grade

	Elementary	Intermediate	High School
Yes	81 *(74-88)	88 (77-95)	93 (83-98)
No	17	10	6
NR	0	10	6

\*Numbers in parenthesis are 95% confidence intervals  
See Appendix B.

Parents were given a chance to make additional comments about their answer to this question.

The most numerous comment given by respondents in all three levels suggest that exams should be provided for those parents who cannot afford the cost. For a complete list of additional comments see Appendix D.

Parents were also asked the following question:

"Do you believe the schools in the Beaverton School District should require a medical examination from any student entering from another school district?"

About one-half of the parents responding felt examinations should be required as Table 5 indicates.

TABLE 5

Percentage of parents who feel medical examinations should be required for new students in the district

	Elementary	Intermediate	High School
Yes	42 *(33-52)	40 (28-54)	47 (34-61)
No	56	55	52
Don't Know		3	
No Response	1	1	

\*95% confidence intervals

Most of the parents that added comments felt that it was not necessary to require examinations, if the child had one on record from a previous school. For additional comments see Appendix D.

Immunization

Because there had been a recent law passed in the Oregon Legislature pertaining to Immunizations, the parents were asked:

"Do you know about this law?"

TABLE 6

Percentage of parents having knowledge of  
new immunization law

	Elementary	Intermediate	High School
Yes	74 *(64-82)	68 (55-80)	61 (41-73)
No	25	30	35

\*95% confidence intervals

About two-thirds of the respondents knew about this law. As the table indicates more elementary parents were aware of the recent legislative decision than were the intermediate or high school parents.

"Is your child (children) a first grader or a transfer student?" If so, they would have been affected by the immunization law, so we would like to know what your attitude is toward this law."

Fifty-three parents or 23% of the total sample indicated that their children were first graders or transfer students. The majority of people who did comment stated that they supported the law. For a listing of additional comments see Appendix D.

The parents were also asked the following question about immunization:

"To your knowledge are your child's immunizations current? (smallpox, diphtheria, whooping cough, tetanus, polio, measles, tuberculin)"

TABLE 7

Percentage of parents whose children have current immunization.

	Elementary	Intermediate	High School
Yes Immunization is current	90 *(84-95)	88 (77-95)	84 (73-93)
No Immunization is not current	6	8	6
Don't Know	1	3	8

\*95% confidence intervals

Most parents indicated that to their knowledge, their child's immunizations were current. It is interesting that the high school level parents were most likely to respond in the "don't know" category. For a list of comments see Appendix D.

Reports and Records

The data in this section may be used to describe the extent to which parents believe the schools should keep records of specific medical and behavioral information. Table indicates responses to the following question about medical records:

"Should students' records and reports be kept for the following medical areas?"

TABLE 8

Responses Regarding Retention of Medical Data

Medical Area	% Elem. Sample	% Inter. Sample	% High School Sample
Name of family physician	96	98	96
Days absent	87	95	86
Immunizations	94	91	76
Physicians' recommendations	85	91	91
History of past and current illnesses, accidents, and disabilities	81	88	81
School nurses' reports	83	83	79
Record of teacher referrals or follow-ups	78	76	74
Teachers' health observations	67	76	67
Dentists' recommendations	56	58	59
Annual health summary by teacher	50	43	42

"Name of family physician" received the highest percentage of "yes" responses on all school levels, while "annual health summary by the teacher" received the fewest "yes" responses on all school levels. Two other categories which received an especially low percentage of "yes" responses were "dentists' recommendations" and "teachers' health observations." It seems fair to conclude that a substantial number of parents do not want records to be kept of health observations or summaries made by the teachers. It also seems fair to conclude that many parents do not think dentists' recommendations should be kept in school health records.

The only meaningful response difference among the three school levels was in answer to the question, "Should student records and reports be kept for immunizations?" Seventy-six percent of the high school sample answered "yes" while 91% and 94% of the intermediate and elementary samples, respectively, answered "yes." Some of this difference may be due to the fact that most children have received all important immunizations by the time they reach high school.

This section of the interview schedule also asked whether records and reports should be kept for two kinds of behavioral information. Table 9 indicates the percentage of respondents who felt records should be kept for those areas.

TABLE 9

## Responses Regarding Retention of Behavioral Data

Behavioral Areas	% Elem. Sample	% Inter. Sample	% High School Sample
Teacher's observations of classroom behavior	80 (72-87)*	70 (57-81)	74 (62-85)
Recommendations from other professionals (psychologists, social workers, counselors, public health nurses, etc.)	82 (75-89)	83 (71-92)	81 (69-90)

\*95% confidence intervals.

For both areas a majority of the population favors keeping records of teachers' observations and professionals' recommendations concerning classroom behavior.

Screening and Referral Procedures

In order to gain an understanding of parents' attitudes toward screening and referral in several areas parents were asked the following question:

"Do you feel that the schools should provide screening and referral services for children in the following areas:

The areas covered included vision, hearing, dental problems, weight and height, emotional or behavioral problems and handicapping conditions.

Vision and Hearing

An overwhelming number of parents at all three levels would like to see screening and referral procedures instituted by the schools for vision and hearing.

TABLE 10  
Responses favoring screening and referral  
procedures for vision and hearing

	%	%	%
	Elementary	Intermediate	High School
Vision	98 *(94-100)	96 (89-100)	93 (84-98)
Hearing	97 *(93-99)	96 (89-100)	93 (84-98)

\*95% confidence intervals.

Almost all parents want their children enrolled in programs for vision and hearing screening and referral should such programs be instituted by the schools.



TABLE 11

Responses of parents wishing own children  
enrolled in vision and hearing programs  
at school

	% Elementary	% Intermediate	% High School
Vision	99	100	100
Hearing	99	100	100

Emotional/Behavioral Problems and Handicapping Conditions

A majority of parents at all three school levels support screening and referral programs for emotional/behavioral problems and handicapping conditions.

TABLE 12

Responses favoring screening and referral  
programs for emotional/behavioral problems  
and handicapping conditions

	% Elementary	% Intermediate	% High School
Emotional/Behavioral Problems	89 *(83-94)	85 (73-93)	88 (77-95)
Handicapping Conditions	88 *(81-93)	86 (75-94)	84 (73-93)

95% confidence intervals

Almost all parents wanted their children enrolled in such programs should the school implement them.

TABLE 13

Responses of parents wishing own children enrolled in emotional/behavioral and handicapped screening programs at school

	% Elementary	% Intermediate	% High School
Emotional/Behavioral Problems	97	96	100
Handicapping Conditions	97	100	98

Dental Problems and Height/Weight Determinations

Parents at all levels were least interested in having screening and referral programs instituted in the schools for these two problem areas. However, in comparison to the programs asked about, a majority of parents at all levels do support screening and referral for dental problems and weight/height determinations in the schools.

TABLE 14

Responses favoring screening and referral procedures for dental and height/weight problems

	% Elementary	% Intermediate	% High School
Dental Problems	65 *(56-74)	55 (42-68)	72 (60-84)
Height/Weight Determinations	53 *(44-63)	51 (38-65)	54 (41-67)

Almost all respondents want their children enrolled in screening and referral programs for both dental problems and height/weight determinations should the schools institute such programs.

TABLE 15

Responses of parents wishing own children  
enrolled in dental and height/weight programs  
at school

	% Elementary	% Intermediate	% High School
Dental Problems	97	96	100
Height/Weight Determinations	97	98	100

Comments regarding screening and referral services

The comments are reported fully in Appendix D. Specific response categories were not frequent enough in any areas to be reported here except for 1) "screening and referral should be done by qualified professionals, and 2) screening and referral should be done only when a severe or obvious problem is present."

TABLE 16

Most frequent comments on screening and Referral  
Procedures

		(Number of Responses)		
		Elementary	Intermediate	High School
Screening and referral should be done by qualified professionals	Vision	6	0	2
	Hearing	5	0	0
	Dental	4	0	0
	Ht/Wt.	1	0	0
	Emotional/Behavioral	6	1	1
	Handicapping Conditions	4	0	0
	Totals	26	1	3
Screening and Referral should be done only when "obvious" or "severe" problem is present	Vision	0	1	0
	Hearing	0	2	0
	Dental	1	2	1
	Ht./Wt.	3	2	1
	Emotional/Behavioral	1	2	1
	Handicapping Conditions	1	1	1
	Totals	6	10	4

A large majority of respondents chose not to comment on screening and referral services. However, in the areas most frequently mentioned by those who did comment, elementary respondents seem to be more concerned than intermediate and high school respondents that these services be performed by qualified professionals.

In order to measure parents' satisfaction with the schools current screening and referral procedure, parents were asked:

"Has the school ever informed you that your child had (has) a problem in any of the areas above or in other areas?"

Fifty-six percent of elementary parents reported school detection and referral of problems in various health areas. Conversely only 23% of intermediate parents and 29% of high school parents reported referral for such problems.

TABLE 17

Number of parents reporting school referrals for specific problem areas

	Elementary	Intermediate	High School
Vision	22	5	5
Hearing	11	1	2
Dental	4	0	0
Emotional/ Behavior	14	6	5
Handicapping Conditions	0	0	0
Learning Disabilities	0	0	0
Speech Problems	5	0	1
Other	9	2	4

At the elementary, intermediate, and high school levels vision and emotional/behavior problems are the greatest referral sources. Interestingly, vision reduces by about half at the intermediate and high school levels as a referral source. This is consistent with the data above for parents reporting school referrals for problems. Although referrals for visual problems decrease from elementary to secondary school levels, emotional/behavioral problems are not substantially reduced.

Parents who responded were then asked to indicate the school's course of action after detection of the child's problem.

TABLE 18

## School Referral Action after Detection of Child's Problem

	*(Number of Responses)		
	Elementary	Intermediate	High School
Notified Parent of	34	8	9
Initiated parent/ Teacher or Parent/ Child/Teacher Conference	12	4	2
Provided Special Services for Child	12	0	1
Made Accurate Referral or recommendation to Parents	17	2	1
Made Inaccurate referral or threatened to suspend the child	0	2	2
Other	2	0	1
Notified Agency or individual other than parent	6	0	1

\*Percentages are not used as some parents gave multiple responses to this question.

Parents were also asked to indicate whether or not they were satisfied with the school's course of action.

TABLE 19

Parent feelings of satisfaction with school's response to child's detected problem(s)

*(Number of Responses)			
	Elementary	Intermediate	High School
Satisfied	56	10	12
Dissatisfied	9	4	5

Parents were next asked to suggest what the school's most appropriate referral action could have been after detecting the child's problem.

TABLE 20

Parent suggestions of most appropriate response to child's problem by school

*(Number of Responses)			
	Elementary	Intermediate	High School
School's Actions Were Appropriate	50	7	10
School Should have done <u>More</u> or <u>Less</u> or should have detected problem earlier	11	7	6
Other	4	0	1

The majority of those parents at the elementary level who have experienced school referrals after detection of their child's problem are satisfied with the school's actions. A majority of the intermediate and high school parents were also satisfied with the school's actions.

Parents were also asked to indicate problem areas which they felt "should have been reported by the school" but were not referred to the parents by the school. Response to this question was negligible, indicating that parents have probably been notified consistently when the school has detected problems with a child. (See Appendix D for specific comments by parents).

Parents were then asked to respond to the question:

"Do you think that the school should keep a record of the screening and referral processes for each child?"

And

"Should records be kept by the school of what happens to the child after he is referred by the school?"

TABLE 21

Maintenance of school records on screening and referral procedures and referral follow-up.

	%	%	%
	Elementary	Intermediate	High School
School should keep screening and referral records on each child	77 *(69-85)	78 (66-88)	86 (75-94)
School should keep records of what happens to child after referral by school	82 *(75-89)	68 (55-80)	71 (58-82)
*95% confidence intervals			



A substantial majority of all parents believe that records should be kept in these areas. Elementary parents indicated a stronger interest in seeing records kept of what happens to the child during the post-referral process.

Parents were also asked to comment regarding the keeping of school records on screening and referral procedures and on what happens to the child after referral. Only a small portion of all parents in the total sample added additional comments on keeping records of what happens after referral. Scattering and low response levels made results negligible for this question. (See Appendix D for parents' comments). More comments were received from parents on recording of screening and referral procedures. 12% of elementary, 8% of intermediate and 7% of high school parents indicated that records should be kept "only when a problem is detected" by the schools. 9% of the elementary, 5% of intermediate and 19% of high school parents responded in other scattered categories (See Appendix D for parents' comments).

In order to assess the parents feelings regarding the school's role in the referral and follow-up process, the parents were asked the following question:

"Should the school follow-up on referrals made to parents to determine what has been done for the child?"

TABLE 22  
School's Role in the Referral Process

	*(Number of responses)		
	Elementary	Intermediate	High School
Notify parents	103	52	34
School should take "further action" if parents don't do something for child after referral	14	7	5
More communication and cooperation from the school in the referral process	10	3	2
School should suggest referral resources to parents	3	5	6
School should provide financial assistance to parents if necessary when referral is made	5	1	0
Other Responses	14	8	23

\*Percentages are not used as some parents gave multiple responses to this question.

Those categories responded to most often besides the "notify parents" category were ones which indicate that parents feel the school should take an active role during the referral process in helping the parents to solve the child's problems.

A majority of parents at all levels believe that the school should follow-up on referrals made to parents in order to determine what has been done to rectify the child's problem.

TABLE 23

Responses supporting school follow-up  
on referrals to parents

	Elementary	Intermediate	High School
Schools should follow-up on referrals to determine what has been done for the child	86 *(79-92)	70 (57-81)	74 (62-85)
*95% confidence intervals			

Parents were asked for their comments regarding school follow-ups on referrals.

TABLE 24

Parent comments regarding school follow-ups  
on referrals to determine what has been  
done for the child

	Elementary	Intermediate	High School
Follow-up only if child's condition doesn't improve or parents don't respond	10	15	11
Follow-up only if child's problem is serious, interferes with his learning, or is harmful to self or others	4	8	2
Don't follow-up--This is parents responsibility after referral is made	3	0	0
Other responses	12	3	24

Of those who did comment on the question, most feel that follow-ups are necessary only if nothing is done to rectify the child's problem or if the problem is serious enough to interfere with the child's functioning. Very few of the parents who commented were against school follow-ups on referrals. Of interest is the large number of high school parents who gave scattered responses.

### Emergency and First Aid Care

To assess parents attitude toward the kind of action the school should take in case a child is injured at school, the following questions were asked:

"In case your child requires minor first aid care the school should:"

1. Provide attention
2. Notify parents
3. Other

"In the case of emergency requiring more than minor first aid attention, the school should:"

1. Provide first aid attention
2. Notify parents
3. Notify family physician

An overwhelming majority of parents at all school levels prefer that the schools administer first aid to children for minor injuries and illness, and a substantial majority of parents want the school to administer first aid to children for major emergency situations.

TABLE 25  
 Responses to administration of first aid  
 by the school to children for illness or  
 injury

	Elementary	Intermediate	High School
Percentage of parents wishing minor first aid care to be administered by school	98	95	100
Percentage of parents wishing major first aid care to be administered by school	84	81	83

Although every parent in the sample wants the school district to notify the parents of any emergency situation requiring major first aid care, only a slight majority of parents want to be notified by the school when their child requires minor first aid care for illness or injury at school.

TABLE 26  
 Parents wishing school to notify  
 parent when minor or major first  
 aid care is required

	Elementary	Intermediate	High School
Percentage of parents wishing to be notified when minor first aid administered to child	59	61	66
Percentage of parents wishing to be notified when major first aid administered to child	100	100	100

73% of elementary parents, 80% of the intermediate parents and 76% of high school parents want the schools to notify the family physician in emergency situations requiring that major first aid care be administered to the child. In the case of minor first aid care, few parents were interested in having the schools notify family doctors of the child's illness or injury (See Appendix D).

Parents were also asked for general comments they wished to add to the questions regarding minor and major first aid care. Whereas negligible interest was shown in minor first aid situations, a good deal of interest was shown in how major first aid situations should be handled by the school. Many parents at all school levels indicated that the school should "notify a friend, relative or neighbor" or "call an ambulance, send the child to the hospital or do whatever is necessary to help the child" when major first aid care is required. For minor first aid situations, response was absent or negligible in these areas.

Parents were further asked to respond to:

"What happened the last time your child was ill or injured at school?"

Approximately 1/3 of all parents at each school level had had no ill or injured children in the Beaverton Schools, but about 2/3 of parents at all levels had some interaction with the schools as a result of the illness or injury of their child at school.

TABLE 27  
Parents who actually experienced  
school action due to child's illness  
or injury at school

	%	%	%
	Elementary	Intermediate	High School
Parents <u>reporting</u> illness or injury of child at school	68	65	67

Parents were then asked if they felt that the school had handled the situation well.

TABLE 28  
Response to school handling of  
illness or injury of child at  
school

	Elementary	Intermediate	High School
Percentage of parents feeling school's actions <u>were</u> appropriate to the situation	59	53	55
Percentage of parents feeling school's actions <u>were not</u> appropriate or who were unsure of school's actions	9	12	12

When considering only those parents who have actually experienced school action regarding illness or injury to their child, the majority at all levels were satisfied with the school's handling of the situation.



TABLE 29

Percentage of parents satisfied with school's handling of child's illness or injury at school

	Elementary	Intermediate	High School
Percentage of parents actually experiencing school action who were satisfied with schools response to child's illness or injury	*87	82	82
Percentage of parents actually experiencing school action who were unsure of or dissatisfied with school's response to child's illness or injury	13	18	18

\*Figures in this table represent only percentages of those parents who have actually reported experiencing illness or injury of a child at school.

To assess parents feelings about the hiring of trained health care personnel in the schools, two questions were asked:

"Do you think it is necessary to make full time professional nursing services available to all students?"

"Do you think it is necessary to make full time trained health aides available instead of professional nurses to all students?"

Parents in substantial numbers at all three school levels are opposed to the hiring of nurses in the schools. Responses were more varied as to whether or not trained health aides should be hired by the schools.

TABLE 30  
 Responses regarding the hiring of trained  
 health aides or nurses to administer first  
 aid care in the schools.

	% Elementary	% Intermediate	% High School
Yes, schools should hire professional nurses	18 *(12-27)	26 (16-40)	27 (16-40)
Yes, schools should hire trained health aides	47 *(38-57)	40 (28-54)	55 (42-69)

\*95% confidence intervals

For the elementary level 47% of parents responded "yes" and 47% responded "no" to the hiring of trained health aides in the schools. Only the high school parents do want trained health aides hired in the high schools, but the majority is slight (only 55%).

Parents were also asked to give additional comments to the hiring of either professional nurses and/or trained health aides by the schools.

TABLE 31

Percentage of parent's comments on school hiring of professional nurses and trained health aides

	Elementary	Intermediate	High School
No response to question	34	37	34
Use school personnel trained in first aid instead	22	18	12
Should hire nurses	2	11	12
Should hire health aides	11	8	10
Should have "qualified medical attention" available in schools	7	4	0
Current system adequate	12	13	1
Other responses	12	9	31

The most frequent responses at the elementary and intermediate levels indicate that parents are comfortable with "school personnel trained in first aid" available in the schools to handle emergencies or are "satisfied with the current system" (which generally amounts to having school staff trained in first aid available for emergencies).

At the high school level this trend reverses, with the most frequent responses indicating that those parents who commented want the schools to hire trained health aides or nurses. Also of note at the high school level is the high percentage of "other" responses.

Costs of Health Services

Parents were asked to respond to two questions dealing with the cost of health services. The first was:

"If these services could be made available without additional expense, would you be in favor of their addition?"

TABLE 32

Percentage of parents wanting additional health services if no additional cost is necessary

	Elementary	Intermediate	High School
Yes	94 *(89-98)	83 (72-92)	84 (73-93)
No	5	16	15

\*95% confidence interval.

Most parents were in favor of additional health services if no additional cost was involved. Although most of the sample didn't offer additional comments, a few interesting attitudes were expressed. Many respondents indicated that they would be in favor of additional health services---except for nursing services. Others indicated their desire for student volunteers. Some felt the district should spend money on "more important things"---even though it had been indicated that no additional cost would be necessary. For a complete list of the additional comments see Appendix D.

The second question asked was:

"If it were not possible to add these services without some additional cost--would you still favor the addition of these services?"

TABLE 33  
 Percentage of parents wanting additional health  
 services if additional costs are necessary

	Elementary	Intermediate	High School
Yes	72 *(63-80)	55 (42-68)	69 (69-49)
No	26	43	30
No response		1	

\*95% confidence intervals.

Relatively fewer respondents favored additional health services if additional cost was involved. However, elementary level respondents were more in favor of adding health services when extra cost was involved than respondents at the other levels. In no case was there less than 55% who were willing to pay extra for additional health services.

Most respondents didn't offer additional comments to this question. However, 29 qualified their answers by saying that "it depends on the cost." Other comments included statements confirming the adequacy of the current system, stipulations that the money must be used specifically for health services, and some stated that they wouldn't favor the addition of nurses and health aides. (For a complete list of the additional comments see Appendix D).

Comments and Suggestions from Parents

Parents were asked to respond to this final question:

"Are there any other comments about Health Services in the schools that you'd like to make?"

The comment receiving the greatest number of responses (53) was "Satisfied with health services". The elementary sample gave 22 responses in this area with 17 at the intermediate level and 14 at the high school level. Nineteen comments related to health education in the areas of sex, personal hygiene, family life, drug education, or V.D. prevention were made. Thirteen parents commented that "parents should be notified when a child is in need of medical treatment and informed of results of medical tests administered". It is interesting to note that while 8 parents responded that "A better qualified person than a teacher is necessary for health observations, referrals and treatment", 6 said that "Teachers should be required to be familiar with health services and records and be trained to make referrals". Nine parents stated the "School should have access to a psychologist, social worker, and medical advisor." Other comments stressed the importance of health services, annual hearing and vision screening, routine follow-up, etc. For a complete listing of comments, see Appendix D.

#### IV. SUMMARY AND CONCLUSIONS

##### Summary

An attitude survey was conducted to determine parents' attitudes toward: (1) the adequacy of health services currently provided by the Beaverton School District, and (2) health services which the district might add to its current health program. A random sample of 249 families stratified by school level was selected. An interview schedule was then administered to the 235 families who agreed to participate.

##### Conclusions

Background Material: The total sample proved to be very homogeneous in family composition and background. No comparisons were made between background variables and parental attitudes since variation in response on background items was minimal.

Insurance: Slightly less than 33% of the respondents reported coverage under the school accident insurance. However, more than 90% indicated their children are covered by some type of health insurance.

Medical Exams: While more than 80% of the respondents feel medical exams should be required for first-grade children, only about 45% feel exams should be required for students transferring into the Beaverton School District.

Immunizations: Approximately 70% of the respondents stated they were aware of the immunization law. The percentage

was slightly higher for parents of elementary children than for parents of older children. Of the total sample, 23% reported having children who were first-graders or transfer students. This group was consequently affected by the immunization law. The majority of those who commented indicated support for the law.

About 88% of the total respondents reported that their child's immunizations were current.

Records and Reports: Responses indicate that over 75% of the total sample believe records and reports should be kept for seven of the ten medical areas. Approximately 50% of the respondents feel records and reports should be kept for the remaining three medical areas.

More than 75% of the respondents believe records should be kept for the two behavioral areas.

Screening and Referral: A large majority (more than 95%) of the sample favor screening and referral in the schools for vision and hearing problems. Eighty-five percent favor screening and referral for behavioral/emotional and handicapping problems. Fewer (about 50%) want screening and referral for height/weight and dental problems.

Roughly 50% of all elementary, 25% of all intermediate, and 25% of all high school parents reported having experienced a referral from the schools. The majority of those were satisfied with the school's action.

Most parents interviewed feel the schools should keep records of referrals and should follow-up on referrals to



determine what was done for the child.

Emergency and First Aid Care: The majority of parents want the schools to administer both minor and major first aid care. Specifically, 95% favor the administration of minor first aid and 80% favor the administration of major first aid.

All parents want to be notified of major first aid, while 60% want to be notified of minor first aid care.

About 65% of the parents stated their child had been ill or injured at school. Of those parents, more than 82% were satisfied with the school's action.

In response to questions about nursing services, about 25% of the total sample indicated the schools should hire full-time nurses and about 50% indicated full-time trained health aides should be hired instead of nurses.

Cost of Health Services: Most parents (about 85%) favor the addition and/or expansion of school health services if there were no additional cost. A majority (at least 55%) favor the addition and/or expansion of services even if there were additional cost involved.

APPENDIX A

DOCUMENTS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

Interviewer \_\_\_\_\_

Interview number \_\_\_\_\_

Time of contact:    Date \_\_\_\_\_    Time \_\_\_\_\_

                          Date \_\_\_\_\_    Time \_\_\_\_\_

                          Date \_\_\_\_\_    Time \_\_\_\_\_

                          Date \_\_\_\_\_    Time \_\_\_\_\_

Elementary School Zone \_\_\_\_\_

Race:    White \_\_\_\_\_ Other \_\_\_\_\_

School Level:    Elementary \_\_\_\_\_

                          Junior High \_\_\_\_\_

                          High School \_\_\_\_\_

## BACKGROUND

1. How many children do you have in elementary (junior high, high) school? \_\_\_\_\_ (circle one school level)
2. For those children, complete the following information (starting with the oldest and proceeding to the youngest):

Child's Age	Sex	Grade Level	School

3. In your household, how many adults are there? \_\_\_\_\_  
How many children? \_\_\_\_\_  
How many parents? \_\_\_\_\_

(Count only parents of the children listed above.)

4. What are the occupations of the wage earners in your family?

MEDICAL EXAMINATIONS

8. Do you believe schools should require a child to have a medical examination when he or she enters the first grade:

\_\_\_\_\_ Yes

\_\_\_\_\_ Yes, with exceptions

Exceptions:

\_\_\_\_\_ No

\_\_\_\_\_ No, with exceptions

Exceptions:

9. Do you believe the schools in the Beaverton School District should require a medical examination from any student entering from another school district?

\_\_\_\_\_ Yes

\_\_\_\_\_ Yes, with exceptions

Exceptions:

\_\_\_\_\_ No

\_\_\_\_\_ No, with exceptions

Exceptions:

IMMUNIZATIONS

10. Schools are required by Oregon Law to maintain a certain number of requirements and records concerning immunization, communicable disease and the health of children enrolled in the Oregon school districts.

1. Do you know about this law?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is your child (children) a first grader or a transfer student? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, they would have been affected by the immunization law, so we would like to know what your attitude is toward this law.

Comments:

3. To your knowledge are your child's immunizations current? (smallpox, diphtheria, whooping cough, tetanus, polio, measles, tuberculin)

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

REPORTS AND RECORDS

11. The following are categories of information which are considered to be confidential and can be released to an outside agency only with the parent's permission. Should student records and reports be kept for the following medical areas?

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
* (a) Days absent	_____	_____	_____
* (b) Immunizations	_____	_____	_____
* (c) Name of family physician	_____	_____	_____
(d) Annual health summary by teacher	_____	_____	_____
(e) Physician's recommendations	_____	_____	_____
(f) Dentists' recommendations	_____	_____	_____
(g) School nurses' reports	_____	_____	_____
(h) History of past and current illnesses, accidents and disabilities	_____	_____	_____
(i) Teacher's health observation	_____	_____	_____
(j) Record of teacher referrals or follow-ups	_____	_____	_____

(\*already kept)

The next two categories of behavioral information are released to certified school staff only when they prove a need to see them.

(k) Teacher's observations of classroom behavior	_____	_____	_____
(l) Recommendations from other professionals (Psychologists, social workers, counselors, public health nurses, etc.)	_____	_____	_____

SCREENING AND REFERRAL PROCEDURES

Screening - A regular procedure of detecting problem areas which require professional attention.

Referral - Official notification to the parents by the school that the child needs attention in a specific problem area.

12. Do you feel that the school should provide screening and referral services for children in the following areas:

	Yes	No	Don't Know	Exceptions	Would not want child involved
a. Vision					
b. Hearing					
c. Dental Problems					
d. Weight/Height Determination					
e. Emotional or Behavioral problems					
f. Handicapping Conditions					

Interviewer definition: Emotional or behavioral problems - Behavioral patterns observed by the teacher which appear to be abnormal in the school context that may indicate an underlying problem.

13. You have answered "yes" to the above categories: \_\_\_\_\_. Of those, which would you want your child involved in? Please explain:

14. Has the school ever informed you that your child had (has) a problem in any of the areas above or in other areas?

Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes:

1. What areas?

2. What did they do about it?



3. How did you feel about the school's actions?

4. Should the school have done more or less?

b. If no:

1. Has your child ever had a problem about which the school should have informed you but did not?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. What was the problem?

3. What should the school's role have been in your opinion (regarding the above problem)?

c. What should the school's general role be in the referral process?

15. Do you think that the school should keep a record of the screening and referral processes for each child?

Yes \_\_\_\_\_ Yes, with exceptions \_\_\_\_\_. Exceptions:

No \_\_\_\_\_ No, with exceptions \_\_\_\_\_. Exceptions:

16. Should records be kept by the school of what happens to the child after he is referred by the school?

Yes \_\_\_\_\_ Yes, with exceptions \_\_\_\_\_. Exceptions:

No, \_\_\_\_\_ No, with exceptions \_\_\_\_\_. Exceptions:

17. Should the school follow-up on referrals made to parents to determine what has been done for the child?

Yes\_\_\_\_\_ Yes, with exceptions\_\_\_\_\_. Exceptions:

No\_\_\_\_\_ No, with exceptions\_\_\_\_\_. Exceptions:

FIRST AID AND EMERGENCY CARE

18. In the case your child requires minor first aid care the school should --

- |                       |           |          |
|-----------------------|-----------|----------|
| 1. Provide attention  | Yes _____ | No _____ |
| 2. Notify the parents | Yes _____ | No _____ |
| 3. Other              |           |          |

Comments:

19. In the case of emergency requiring more than minor first aid attention, the school should --

- |  |           |          |
|--|-----------|----------|
| 1. Provide first aid attention                                 | Yes _____ | No _____ |
| 2. Notify parents  | Yes _____ | No _____ |
| 3. Notify family physician                                     | Yes _____ | No _____ |
| 4. If the parent cannot be reached, what should the school do? |           |          |

Comments:

20. What happened the last time your child was ill or injured at school?

a. Was it handled well?

b. How else could it have been handled?

21. Do you think it necessary to make full-time professional nursing services available to all students? Yes \_\_\_\_\_ No \_\_\_\_\_

22. Do you think it necessary to make full-time trained health aides available instead of professional nurses to all students? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

23. a. We have talked about many health services: screening, referral, follow-up, and nursing services. If these services could be made available without additional expense, would you be in favor of their addition?

Yes\_\_\_\_\_ Yes, with exception\_\_\_\_\_

No\_\_\_\_\_ No, with exception\_\_\_\_\_

- B. If it were not possible to add these services without some additional cost, would you still favor the addition of these services?

Yes\_\_\_\_\_ Yes, with exceptions\_\_\_\_\_

No\_\_\_\_\_ No, with exceptions\_\_\_\_\_

24. Are there any other comments about Health Services in the schools that you would like to make?

LETTER OF INTRODUCTION TO PARENTS

Dear Parent:

Beaverton Schools are continually trying to improve the quality of services that are provided to children. Occasionally we need to carefully review the services offered to see if they need to be changed in any way. Health services to children is a present concern of ours. Just what kind of health services should the school provide? How does the school's effort fit together with the parents basic responsibility for a child's health?

In order to help us answer these and other important questions I would like to ask you for a few minutes of your time. Your name was selected at random from a roster of parents of children enrolled in Beaverton Schools. You will be contacted in a few days by an interviewer who would like to talk with you about health services in the schools.

Thank you for your cooperation. Your opinions and your willingness to help are sincerely appreciated.

Yours truly,

Dick Olson

Kat

## DIRECTIONS TO INTERVIEWERS

### 1. Purpose of Study

- A. Determine, according to parents' attitudes, what health services the school district should be providing.
- B. Determine, according to parents' attitudes, the degree of satisfaction with health services presently provided by the schools.
- C. Discover relationships between attitudes toward school-provided health services and socio-economic and geographic characteristics of the respondents.
- D. This study was requested by

### 2. Interview Schedule

- A. All questions are designed to either (1) elicit an attitude response or (2) gather information about the respondent which may be related to his/her attitudes.
- B. Concerning question #21, the school now contracts for the services of 3½ nurses to cover all schools. There is usually a monthly contact per school by way of a visit or phone call from a nurse.
- C. Questions about interview. . . Refer interviewee to Mr. Richard Olson, Coordinator of Student Services.

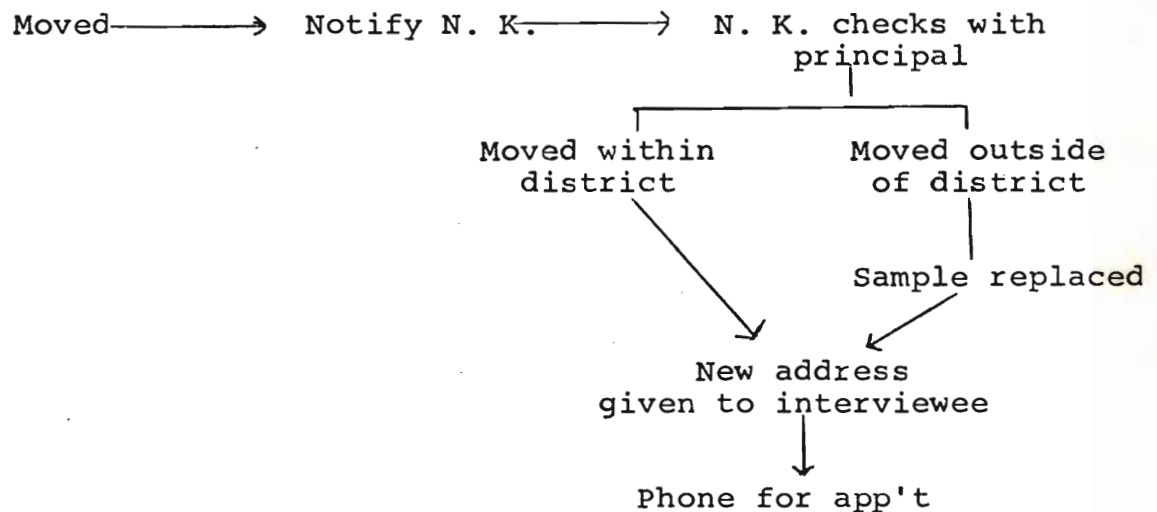
### 3. Obtaining Sample

- A. In general--The sample contains 62 families with a child (or children) in high school, 63 families with a child (or children) in junior high, and 125 families with a child (or children) in elementary school. A random sample of high school families was selected from the entire computer print-out of all "high school families." The same procedure was used for "junior high families." For elementary, a random sample of eight elementary schools was first selected from all elementary schools; then a random sample was taken of families within the eight selected schools. Random sample tables were used for these processes.
- B. Interviewer samples--You will receive three cards with numbers representing your sample. Yellow cards refer to elementary schools, blue cards refer to junior

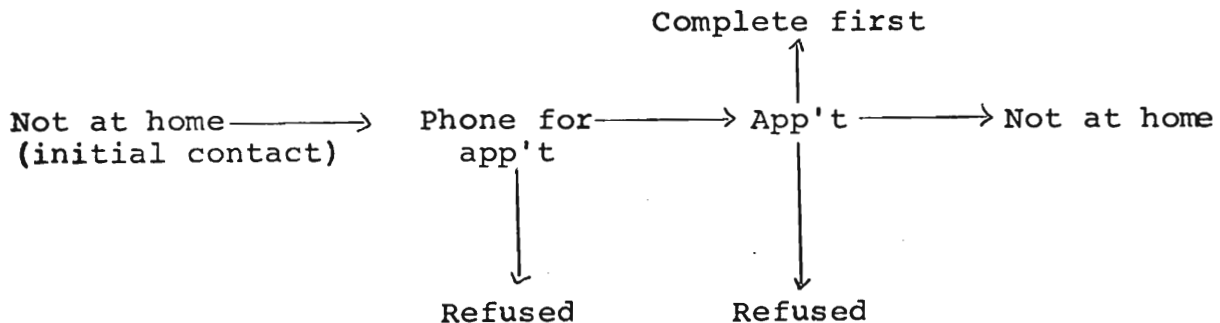
high, and pink cards refer to high schools. Each interviewer and Nancy Koroloff will have a master list containing all numbers, names, and addresses.

#### 4. Contact and Call-back System

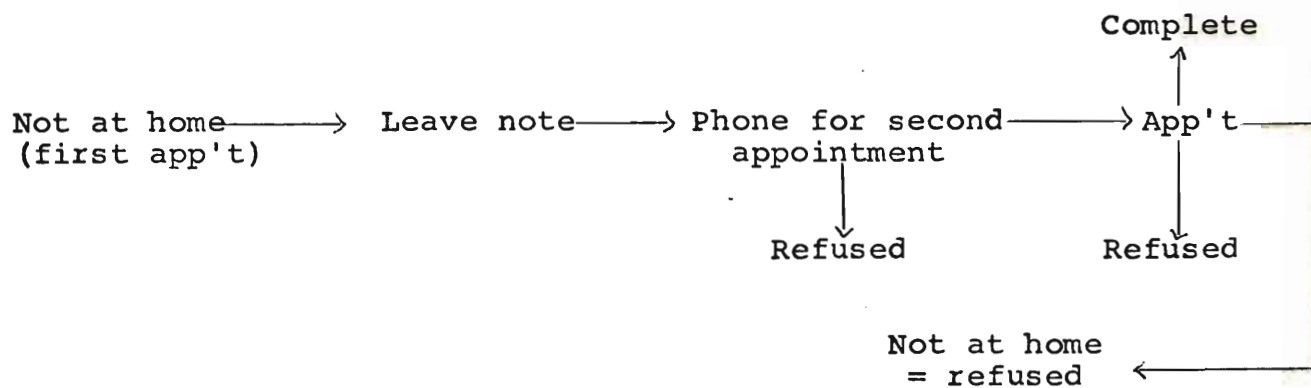
- A. One week before interview, give Kim Thoms the interview numbers of those to be interviewed.
- B. Office will send letter notifying parents.
- C. Make first visit (no appointment).
- D. If the interviewee is at home, complete the interview. If she/he refuses, write "refuse" on the interview schedule. This refusal becomes part of the collected information.
- E. If the interviewee has moved, give the name, address, and school to Nancy King. The process that follows looks like this:



- F. If the interviewee is not at home for the initial contact, the process is as follows:



- G. If the interviewee is not at home for the first appointment, the process is as follows:



(The note should state that you were there and will try to arrange an appointment.)

- H. If you have special problems in locating an interviewee, contact Nancy King.



## APPENDIX B

### Analysis of Data

Analyses used were (1) frequency tallies and percentage counts, (2) means and standard deviation, and (3) 95% confidence intervals for specific questions.

Upper and lower confidence limits have been computed for several sample percentages. These limits form the boundaries of a confidence interval. Although intervals may be computed for any specified probability these have all been calculated at the 95% level. This means that repeated samples of the same size were taken and limits for each calculated 95% of the intervals formed would include the true value.

Practically, confidence limits and intervals are computed in order to assess the reliability of a sample value. A short interval allows greater confidence to be placed on estimate than a long interval. For example, a sample-based percentage of 73 has limits of 84 and 98, whereas, the limits on 98 percent are from 94 to 100 providing a more reliable estimate.

In computing the confidence intervals all answers in the "No", "no response", and "don't know" categories were lumped together as negative responses. This gives a more conservative estimate of the confidence intervals. The confidence intervals were run separately for elementary, intermediate and high school levels.

APPENDIX C

Background Information

TABLE 34

Residence of elementary sample by percent

Elementary School Zone	% of Elementary Sample
Aloha Park	10
Bethany	14
Cedar Mill	12
Fir Grove	10
McKinley	12
Raleigh Hills	11
Sunset Valley	12
William Walker	13
Vose	1
Other	1

Residence of intermediate sample

Sample dispersed among 23 elementary school zones.

Residence of high school sample

Sample dispersed among 24 elementary school zones.

TABLE 35

Race of respondent by percent

Race	% Elementary Sample	% Intermediate Sample	% High School Sample
White	93	98	96
Other	3	-	1
No Response	2	1	1

TABLE 36

Number of children by percent

No. of Children	% Elementary Sample	% Intermediate Sample	% High School Sample
One	49	76	77
Two	37	23	77
Three	12	--	--
Four	1	--	--
Five	1	--	--

TABLE 37  
Ages of children in sampled grade level\*

Age	% of Elementary Children in Elementary Families (N=193)	% of Intermediate Children in Intermediate Families (N=74)	% of High School Children in High School Families (N=72)
6	7		
7	14		
8	16		
9	19		
10	15		
11	18		
12	11	23	
13		35	
14		30	1
15		12	19
16			35
17			36
18			6
19			1
20			
21			1

\*Only elementary children reported in elementary sample.  
Only intermediate children reported in intermediate sample.  
Only high school children reported in high school sample.

TABLE 38

Sex of children in sampled grade level\*

Sex	% of Elementary Children in Elementary Families	% of Intermediate Children in Intermediate Families	% of High School Children in High School Families
Male	50	45	51
Female	50	54	49

TABLE 39

Grade level of children in each sample\*

Grade Level	% of Elementary Children in Elementary Families (N=193)*	% of Intermediate Children in Intermediate Families (N=74)*	% of High School Children in High School Families (N=72)*
1	15		
2	15		
3	18		
4	16		
5	18		
6	19		
7		38	
8		35	
9		27	
10			32
11			35
12			33

\*Only elementary children reported in elementary sample.  
 Only intermediate children reported in intermediate sample.  
 Only high school children reported in high school sample.

TABLE 40

## School Attended by Children in Each Sample

School Attended	% of Elem. Children in Elementary Families (N=193)	% of Inter. Children in Intermediate Families (N=74)	% of H. S. Children in High School Families (N=72)
Aloha Park	13		
Bethany	12		
Cedar Mill	9		
Fir Grove	8		
McKinley	14		
Raleigh Hills	14		
Sunset Valley	12		
William Walker	18		
Raleigh Park	<1		
Cedar Park		28	
Highland Park		18	
Meadow Park		27	
Mountain View		7	
Whitford		20	
Aloha High			14
Beaverton High			37
Sunset High			49

TABLE 41  
Number of Adults in Household

Number of Adults	% Elementary Sample	% Intermediate Sample	% High School Sample
1	6	13	10
2	87	73	72
3	6	10	13
4		3	3

TABLE 42  
Number of Children in Household

Number of Adults	% Elementary Sample	% Intermediate Sample	% High School Sample
1	6	15	22
2	39	36	44
3	32	28	15
4	15	8	10
5	5	6	5
6	< 1	1	
7		1	3
8		1	

TABLE 43

## Number of Parents in Household

Number of Parents	% Elementary Sample	% Intermediate Sample	% High School Sample
0	< 1		
1	7	13	11
2	91	86	88

TABLE 44

## Occupation of First Worker in Family

Occupation	% Elementary Sample	% Intermediate Sample	% High School Sample
Unemployed		3	3
Unskilled Labor	2	1	
Skilled Labor	17	13	13
Clerical	6	5	3
Sales	9	11	13
Managerial/ Administrative	26	15	25
Professional/ Technical	20	26	22
Medical Professionals	5	6	3
School Employees	2	6	
Self-employed in Own Business	4	10	11
High-level Executive			3
Insufficient Information	4		



TABLE 45  
Occupation of Second Worker in Family

Occupation	% Elementary Sample	% Intermediate Sample	% High School Sample
No Response	70	80	61
Unskilled Labor	11		
Skilled Labor	1	3	1
Clerical	6	3	10
Sales	1	1	6
Managerial/ Administrative	1		1
Professional/ Technical	1	8	13
Medical Professionals	< 1	1	1
School Employees	3	1	1
Self-employed in Own Business			1
Insufficient Information	1		

TABLE 46

## Present Annual Family Income

Income	% Elementary Sample	% Intermediate Sample	% High School Sample
\$ 5,001- 10,000	8	21	11
10,001- 15,000	28	18	16
15,001- 20,000	29	20	27
20,001- 25,000	15	13	23
25,001- Above	11	21	11
Refused to Reply	3	5	8
Don't Know	3		

APPENDIX D

Other Comments

The following is a list of other comments given to open-ended questions in the interview. These comments are referred to in the text of the results section and are presented in the same order as that section.

Medical Examinations

TABLE 47  
Comments on Medical Examinations  
for First Grade Students

	Elementary	Intermediate	High School
No response to comment	98	51	48
Medical exams should be provided for parents who cannot afford to pay	12	5	8
Should require if child has not had a previous medical exam	2	2	--
Should require medical exam, except when it violates religious belief	1	--	1
Medical exams are the parents responsibility	1	1	--

TABLE 48  
 Comments on Medical Examinations  
 for Transfer Students

	Elementary	Intermediate	High School
No response to comment section	68	35	29
Should require unless there is an exam on record from previous school	22	6	6
Medical exam should be required unless child has had "recent" exam	16	11	14
Exam should be provided for parents who cannot afford to pay	1	3	3
Should require--except when violates religion	--	3	--
Should not require--high school			1
Should require--if obvious medical problem			1

Immunizations

TABLE 49

Opinions of Parents with First Grade or Transfer Students  
that Would Have Been Affected by the  
Immunization Law

	Elementary	Intermediate	High School
No responses to comment section	1	0	1
Feel that it is a good law, can agree with it	30	5	6
Feel that it is too much trouble & not necessary	3	1	
Parents not informed that their child was affected by the immunization law	1	2	1
Immunization should be provided by the school for parents who cannot afford to pay	3		
Immunizations should not be a legal requirement	1		

Screening and Referrals

TABLE 50

Problem Areas in Which Schools Failed  
to Report Child's Problem to Parents  
but "Should Have"

	% Elementary	% Intermediate	% High School
Hearing	2	0	0
Poor Grades	1	0	1
Emotional/ Behavioral Problems	0	0	1
Other	5	0	1

TABLE 51

Comments on Maintenance of School Records of Screening and Referral Procedures for Specific Problem Areas

		*(Number of Responses)		
		Elem.	Inter.	H. S.
Screening & referral only at specific school level (Elem., Inter., or H. S.)	Vision	0	1	0
	Hearing	0	1	2
	Dental	0	0	2
	Height/Weight	0	0	1
	Behav./Emot.	0	0	0
	Handicap. Cond.	0	5	1
	More in-depth screening is not necessary	Vision	0	0
	Hearing	1	0	1
	Dental	1	0	1
	Height/Weight	2	0	0
	Behav./Emot.	0	0	0
	Handicap. Cond.	1	0	0
Screening should be done by qualified professionals	Vision	6	0	2
	Hearing	5	0	0
	Dental	4	0	0
	Height/Weight	1	0	0
	Behav./Emot.	6	1	1
	Handicap. Cond.	4	0	0
	Screening can be done by teachers	Vision	0	0
Hearing		0	1	0
Dental		1	1	0
Height/Weight		1	0	1
Behav./Emot.		0	0	1
Handicap. Cond.		1	1	0
Screening & referral should be done only when obvious or severe problems are present		Vision	0	1
	Hearing	0	2	0
	Dental	1	2	1
	Height/Weight	3	2	1
	Behav./Emot.	1	2	1
	Handicap. Cond.	1	1	1

(TABLE 51 CONTINUED)

		*(Number of Responses)		
		Elem.	Inter.	H. S.
Child's problem should already be obvious to parent (no screening & referral necessary)	Vision	0	0	0
	Hearing	0	0	0
	Dental	0	0	0
	Height/Weight	0	0	0
	Behav./Emot.	1	0	0
	Handicap. Cond.	0	3	1
Other responses	Vision	6	3	5
	Hearing	7	0	4
	Dental	8	3	7
	Height/Weight	3	2	4
	Behav./Emot.	6	2	8
	Handicap. Cond.	4	3	6

\*Percentages aren't used because some parents gave multiple responses to the questions.

TABLE 52

Comments Regarding Record Keeping by  
Schools for Screening & Referral

	% Elementary	% Intermediate	% High School
Only when a problem is detected	12	8	7
Other responses	9	5	19



TABLE 53

Comments on School Retention of Records of What  
Happens to Child After Referral

	*(Number of Responses)		
	Elementary	Intermediate	High School
Not as a permanent record	0	3	1
Only if record is confidential	1	0	1
Only if child fails to receive attention for problem after referral	1	2	1
Only when problem is serious or interferes with child's learning	4	1	2
Not for emotional/behavioral problems	1	0	1
Other responses	8	3	5

\*Percentages aren't used as responses were negligible in any specific category (less than 10% in all categories).

First Aid and Emergency Care

TABLE 54

Parents' Comments on School Procedures for  
Minor and Major First Aid Situations

		*(Number of Responses)			Total Number of Responses (All Levels)
		Elem.	Intermed.	H. S.	
Notify family physician	Minor First Aid	3	7	2	12
	Major First Aid	52	31	33	116
Notify friend, relative or neighbor	Minor First Aid	10	4	2	16
	Major First Aid	39	23	14	76
Call ambulance send to hospital or "do whatever necessary" to help child	Minor First Aid	0	0	0	0
	Major First Aid	44	18	20	82
Take to doctor or call doctor for instructions first	Minor First Aid	0	0	0	0
	Major First Aid	16	2	7	25
Other Responses	Minor First Aid	12	6	13	31
	Major First Aid	15	4	10	29

\*Percentages aren't used as some parents gave multiple responses to the questions.

Cost of Health Services

TABLE 55

Other Comments About Adding Health  
Services--no Additional Cost Involved

	*(Number of Responses)		
	Elem.	Intermed.	H. S.
Depends on services added	2	0	1
Except for nursing services	2	1	2
Should spend money on more important things	0	3	1
Only if school uses student volunteer help	0	1	2
Shouldn't have a large addition of staff	1	0	0
Other	5	2	3

\*Percentages are not used because some parents gave multiple responses to the question.

TABLE 56

Other Comments About Adding Health  
Services--Cost Involved

	*(Number of Responses)		
	Elem.	Intermed.	H. S.
Depends on cost	17	3	9
Current system is adequate	5	3	1
Money must be used specifically for health services	2	2	1
Except for nurses	2	0	1
Except for health aides	1	0	0
If it doesn't raise taxes	1	0	1
Should be voted on by taxpayers	1	0	1
Would like health aides	1	0	1
Should provide immunizations at cost	2	0	0
Other	6	4	7

\*Percentages are not used because some parents gave multiple responses to the question.

TABLE 57

## Additional Comments on Health Services

	*(Number of Responses)		
	Elem.	Intermed.	H. S.
Satisfied with health services	22	17	14
Health education should be provided in the areas of sex, personal hygiene, family life, drug ed., or V. D. prevention	9	5	5
Parents should be notified when a child is in need of medical treatment and informed of the results of medical tests administered	9	0	4
Schools should have access to a psychologist social worker and medical advisor	4	3	2
A better qualified person than a teacher is necessary for health observation, referrals, or treatment.	5	3	0
Annual hearing and vision screening is important	3	2	3
Health services are important, and especially for underprivileged	2	4	1
Teachers should be required to be familiar with health services and records and be trained to make referrals	1	3	2
Child's health is his parents responsibility	3	0	2

(TABLE 57 CONTINUED)

	*(Number of Responses)		
	Elem.	Intermed.	H. S.
Parents should be informed of available resources and receive follow-up attention for their children	2	1	2
Should be a signed medical referral on file for each child	2	0	2
School insurance inadequate	3	0	1
Other responses	31	18	24
Totals	96	56	62

\*Percentages aren't used as some parents gave multiple responses.