

## Partnering with Parents Outcomes Report Form

School Nurse Name(s): \_\_\_\_\_ County: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return to:**

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Questions:

1. How many students with asthma and their parents/guardians did you meet with?
2. How did you set up appointments with the students and their parents/guardians? Did you face any challenges in setting up appointments?
3. Did you find the “Is the Student’s Asthma Under Control?” assessment tool useful? Why or why not?

