



ages 10-15

SUPPORT PERSON

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** There are no right or wrong answers to this survey. Please answer as truthfully as possible. This way we can work together to help you manage your child's CF as he/she gets older.

# CF Responsibilities Checklist

## CF & School

- 1** My child *always* does this on his/her own
- 2** My child *usually* does this on his/her own
- 3** My child and I do this together
- 4** I *usually* do this
- 5** I *always* do this
- NA** Does not apply to me

*In each open box below, write the number that most correctly describes who is responsible for each of these actions.*

1. Talk to teachers about what my child's IEP or 504 plan means and what they can or cannot do	<input type="text"/>
2. Talking to the nurse/teacher or other school staff when they're having a problem due to their CF	<input type="text"/>
3. Helping teachers and other school staff understand CF	<input type="text"/>
4. Telling other kids in their class about CF	<input type="text"/>
5. Planning for hospital stays or long times away from school (e.g., getting assignments, turning in homework)	<input type="text"/>
6. Knowing how to stick up for their rights and plan so that they can take care of themselves	<input type="text"/>

*Add all the numbers entered for each row above.  
Insert the total on the line to the right.  
Divide the total by 6.  
Write down the result in the box.*

\_\_\_\_\_ / 6 = Average Responsibility Reported: