



Share Your Story About Your School Based Health Center



I am a:

Student

Parent

School-Based Health Center:

Location:

Date:

What services did you receive from the school-based health center dental program? (circle one)

Medical Mental Health Other describe:

How did the services at your school-based health center help you?

Why did you choose to receive care in your school-based program?

My story about the School Based Health Center:

Send completed form to Assistant@ctschoohealth.org or mail to P.O Box 771 North Haven, CT 06473