



DISABILITY DISCRIMINATION SCREENING TOOL (CHILD & YOUNG ADULT)

EXPLORE ANY YES RESPONSES

Has the patient experienced any of the following at school?

No one to administer medication or help manage their condition	YES / NO
Not permitted to attend field trips without parent/guardian	YES / NO
Not permitted to participate in extracurricular activities	YES / NO
Not allowed to keep disease management tools/medications nearby or to self-treat their condition if able	YES / NO
Denied an evaluation or development of a section 504 plan/ Individualized Education Program (IEP)	YES / NO
Denied services needed to access an education	YES / NO

Has the patient experienced any of the following in or trying to access a childcare program?

Told they cannot enroll because of their condition	YES / NO
No one to administer medication or help manage their condition	YES / NO
Unable to safely participate due to rules about how the program is run or denied changes needed to access the program	YES / NO

Has the patient experienced any of the following at a college, university, or graduate program?

Denied participation in activities because of their condition or fears about their condition	YES / NO
Denied academic or other accommodations needed to safely attend and fully access the program	YES / NO
Treated poorly, bullied, or stigmatized by teachers or staff because of their condition	YES / NO



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