

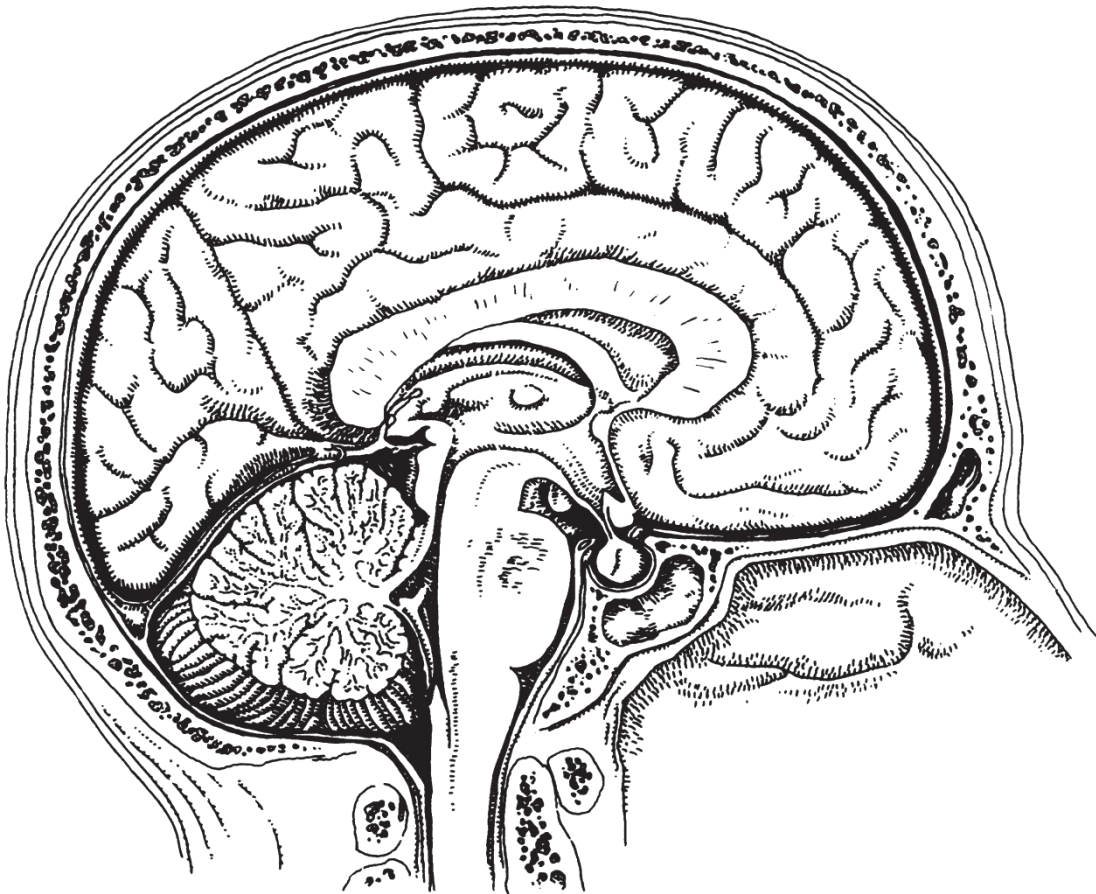
Make copies of these
templates as needed.

Templates and Tools



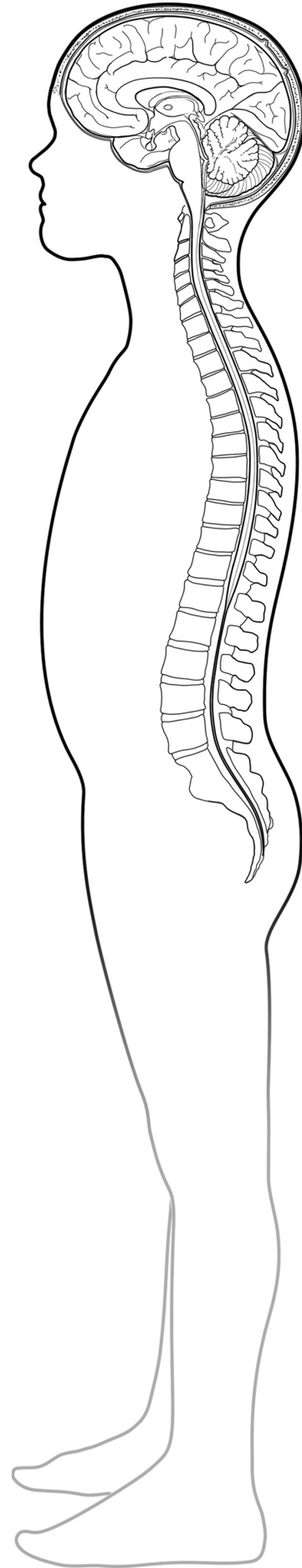
Use these pictures to help you understand your child's diagnosis and treatment. You can ask your doctor to draw the location of your child's tumor and the targeted areas for treatment such as radiation or surgery. You may wish to show the drawings to curious family and friends.

Brain Cross Section



Brain and Spine Cross Section

NOTES:



Healthcare Team Contact Information

Use this form to keep track of the contact information for every healthcare team member you meet. Ask them for business cards which you can keep in this notebook. Make copies of this page so you can reuse it.

Healthcare team member name	
Specialty	
Date of first visit	
Hospital	
Address	
Phone / fax	
Email	
Website	
Best way to contact	

Notes

Calendar Page

You can use this blank calendar page to write down appointments, track chemotherapy and blood transfusions, note when prescriptions need to be refilled, etc. Make copies of this page so you can reuse it.

MONTH:	Saturday					
	Friday					
	Thursday					
	Wednesday					
	Tuesday					
	Monday					
	Sunday					

Parent-School Communication

A student in your school has been diagnosed with a brain or spinal cord tumor. The child may have side effects from the treatment they receive and may have special needs at school.

Please give a copy of this form to all staff members who work with this child, such as teachers, teacher assistants, nurses, office workers, and coaches, to help them understand these needs and to help the student if difficulties occur.

Student Name: _____

Grade and Teacher: _____

Diagnosis: _____

Type of Treatment Child is Receiving: _____

Parent/Caregiver Name: _____

Phone #: _____

Specific Concerns (may include medical, physical, emotional, and educational concerns):

How the school can help:

Parent signature: _____ Date: _____

How to ask the school for extra help for your child

You can use this letter to ask your school for special education services for your child. Adjust it to fit your situation. Asking for special education services does not limit your child's potential. Instead, it asks for a team at the school to work with you to make a plan to help your child succeed in school and learn all they can after they've had a brain tumor.

Dear Special Education Director,

Our son, [your child's name], date of birth ____/____/____, who is a ____-year-old, ____ grade student at _____ School, was diagnosed with a _____ brain tumor on ____/____/____. He has had surgery to remove most of the tumor, and is now going through chemotherapy and radiation. Our doctor told us that [your child's name] may struggle with physical, learning and social/emotional problems as a result of the tumor and treatment, and may need accommodations and/or special education services.

We ask that the school hold a Student Study Team/School Guidance Team for us to figure out if [your child's name] needs extra help in school through either a 504 Accommodation Plan or Special Education Supports and Services under the IDEA (Individuals with Disabilities Education Act). It would be helpful to pick a key staff member to talk with us and help with this process. Please send us the correct release forms so that we may give our permission for the school to exchange information with [your child's name]'s doctors who will provide you with the most useful medical records.

We have been told that a student who has a brain injury from a tumor and treatment has very unique needs, and needs at least one school team member who knows about brain tumors/treatment and the effects they can have on how a student learns.

We look forward to getting a written letter from you within a short period of time letting us know the steps the school district will take to make sure our son is considered for the right support and services.

Sincerely,

[signature of parent(s) or legal guardian(s)]

Hospital Admissions

Keep track of your child’s hospital stays with this form.
Make copies of this page so you can reuse it.

Date	
Name of hospital	
Reason for admission	
Procedures performed	
Test results	
Treatments/drugs given	
Notes/comments	

Appointment Summary

Prepare yourself for every appointment by filling out this form. The form can also be used to summarize your appointment. Make copies of this page so you can reuse it.

Appointment date & time	
Doctor's name	
Address	
Phone/email	
Referred by	
Reason for appointment	
Concerns/symptoms	
Things to bring to appointment (medical records, insurance card, etc.)	
Questions for doctor	

Answers:

Appointment Summary

Treatment/medication(s) prescribed or changed:

Test results:

Next steps:

Next appointment date & time:

NOTES:

Blood Count Tracker

Use this log to keep track of your child's blood test results.
Make copies of this page so you can reuse it.

Date:					
Red Blood Cell Count (RBC)					
White Blood Cell Count (WBC)					
Hemoglobin (Hgb)					
Platelets					
Absolute Neutrophil Count (ANC)					

Daily Food, Fluid and Supplements

Use this log to write down what your child eats and drinks, including any supplements your child takes such as vitamins. Bring this log to appointments to share with your child's healthcare team. Make copies of this page so you can reuse it.

DATE:					
Liquids		Solids		Feeding tube	
Time	Volume	Time	Amount	Time	Volume
Total:		Total:		Total:	

DATE:					
Liquids		Solids		Feeding tube	
Time	Volume	Time	Amount	Time	Volume
Total:		Total:		Total:	

Summary of Treatment

Use this form to track your child's treatment over time.
The healthcare team can help you complete it.
Make a copy of this template so you can reuse it.

Date of diagnosis:

Type of tumor (include any pathology specifics or further details):

Surgery dates (include type of surgery):

Does patient have a central line (include type and date(s) placed)?

VP shunt (or other type of shunt, include date(s) placed):

Radiation dates:

Chemotherapies/biologics (include drugs, doses and dates):

Other treatments or procedures and their dates:

Significant treatment complications:

Date of last ophthalmology visit:

Date of last endocrine visit:

Date of last audiogram:

Health Insurance Interaction

Keep track of your conversations with your health insurance company with this log. Make copies of this page so you can reuse it.

Date and time	
Name of person you spoke to	
Phone number	
Reason for call	
Notes	
Follow-up	

Weekly Activities

Write your normal daily and weekly activities and share this with a friend who can take the lead in getting others to help. Make copies of this page so you can reuse it.

Notes														
Volunteer contact information														
Volunteer name														
Activity (car pool, sports, dinner, etc.)														
Day/Time														

Other Families I've Met

Use this template to list the names of other families you meet in clinic, at events or in support groups. Make copies of this template so you can reuse it.

Notes														
Email / website or blog														
Phone number														
Name(s)														

Gift Tracking Sheet

Use this gift tracking sheet to send thank you notes for gifts or food your family receives. Make copies of this template so you can reuse it.

Notes														
Thank you sent?														
From														
Gift received														
Date														