

Parent-teacher meeting checklist

While we've tried to keep this information pack as short as possible, we appreciate that there is a lot to digest, especially if you've never come into contact with eczema before.

That's why we've put together this handy list of questions to go through with parents before their child joins your school or class.

Where relevant, we have also listed the page numbers you can refer to for additional information on a particular subject.

It might be helpful to include such questions in the child's 'New starter' induction pack for parents to complete so that you have the opportunity to go through the information before meeting them for the first time. Copies are available for download on our website at www.eczema.org/eczema-at-school-eczema-information



Checklist

Name of child

Class

Teacher's name

Date

- 1** When did the child's eczema first develop? How has the condition changed since it was first diagnosed? Has it improved? Has it got worse? Has the eczema spread? What is the eczema like when at its best and when at its worst?

- 2** Do they have any other health conditions? If so, do these have a bearing on their eczema?

- 3** How does the child feel about their eczema? Do they accept it as part of them? Are they very self-conscious about it? Do they get frustrated? Does how they feel change over time? (See page 16.)



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4 Is the child under the care of a consultant dermatologist? How often do they see them?

5 Is there a pattern to the child's eczema (e.g. worse in winter and better in summer)? How often do they suffer from flare-ups? (See pages 6–7.)

6 What treatments does the child currently use? Emollients? Emollients and a topical steroid and/or other additional treatments? Are there any side effects that you should be aware of or special precautions that you must take (e.g. keeping the child out of the sun, etc)? (See pages 8–10 and 11–13.)

7 What is their current treatment routine (i.e. when are treatments applied during a normal day)? How will this routine translate in terms of the school day? (It might be that the child's entire routine – during and outside of school hours – will need to be amended. For example, some parents apply emollient more frequently outside of school hours than they normally would to compensate for less being applied during the school day.)

8 Ideally, how much emollient should the child apply during the school day, when and to what parts of their body? Can the child apply their own emollient? Are they confident with it? Are they happy to do it or is refusal common? What is the best approach to getting the child to co-operate? What if they won't and are getting very distressed? Confirm where the child will be applying their emollient, who will be overseeing it and where the emollient will be stored between applications. Suggest to the parents that it might be beneficial if they come in and oversee the first application on school premises. (See pages 9–10.)

9 Ask the parents if they will be supplying a soap substitute (or using emollient as soap substitute) and whether the child needs their own towel to dry their hands on. If so, ask how often a fresh one will be supplied. (See page 6.)



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10 Ask if the parents can supply a pump dispenser for emollient application and a travel-sized pump dispenser or small, separate pot that the child can keep in their tray for quick 'top ups' during the day (e.g. after wet play and for hand washing). (See pages 6, 9, and 10.)

11 Does the child's treatment routine change seasonally (i.e. do they use a heavier emollient during winter because of the drying effects of the biting cold outside and central heating indoors)?

12 What are the child's main triggers? How do the parents propose overcoming these in a school environment? Will they be supplying additional items – cotton gloves for example – for use during school hours? If so, is the child familiar with them and happy to use them? (See pages 6–7.)

13 If clothing is an issue, confirm how flexible the school is in terms of uniform. (See pages 6 and 12.)

14 Ask how itching and scratching are handled at home (e.g. do the parents use distraction techniques or does the child squeeze a ball or pinch their skin to prevent themselves from scratching and making their skin bleed)? Does the child get itchier at particular times of the day? (See pages 4–5.)

15 How often will the child need to take time off school to attend medical appointments? How much notice of these can the parents give?

16 Does the child suffer from disturbed sleep? How often does this happen? How do the parents feel this will affect the child's performance (i.e. do they bounce back quite quickly)? (See page 16.)





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17 Does the child's eczema get infected? Does this happen often?
(See pages 14–15.)

18 If food is an issue for the child, confirm if the school can provide lunches for children with special dietary requirements. If not, discuss the arrangements for packed lunches. Discuss possible implications for things like cookery lessons.
(See page 7.)

19 Ask the parents if the child will be participating in PE and swimming lessons and discuss the implications in terms of needing to keep cool, sweat, chlorine, applying emollient and having an eczema-friendly PE kit. For example, some children will need to wear trousers rather than shorts to protect their skin from further damage. (See pages 6–7.)

20 If the child's condition or medication – or both – require sun cream to be applied, ask how this will fit in with their emollient regime, at school, how much should be applied and when and whether the child is able to apply their own sun cream and is comfortable doing so. (See pages 9, 11–13.)

21 Inform the parents of any planned school trips during term time so that they can think about potential issues and solutions in advance.

22 As parents will worry about bullying, it would help to alleviate their concerns if you can explain the school's approach, so they know in advance the support that is available and how any issues would be addressed.

23 Ask the parents to keep you informed of any changes in the child's medication, treatment routine, forthcoming medical appointments and any other issues that may have a bearing on their condition.
