

## SAMHSA FASD Center for Excellence Form E

### Diagnosis and Intervention Programs: FASD Services Delivery Tracking Form

This form is used in the SAMHSA FASD Center for Excellence Diagnosis and Intervention Programs to track the services provided during every visit. To protect privacy, name and any other individually identifying information will not be collected. It is important to us to obtain this information to determine if the child has received the services planned; however, participation is voluntary.

**Instructions: Indicate the amount of service units for each of the services provided based on the FASD diagnostic evaluation**

1. Child ID: \_\_\_\_\_

Service Component (Based on FASD Dx Evaluation)	Services Provided			Reason Service Was Not Provided As Scheduled	Rescheduled Date (if applicable)	Assessment of Improvement provided by Service Provider to the Case Manager
	Date of Service	Amount of Service Units Provided (in hours)	End Date (Date service ended)	Check one of the reasons below, or select "Other (specify)" and specify why the service was not provided as scheduled.		0 Significant decline (in functionality) 1 Moderate decline 2 No change 3 Moderate improvement 4 Significant improvement
Anger Management	10/1/08 (wk1)	2		<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> No show <input type="checkbox"/> Parent/caregiver reported scheduling conflict <input type="checkbox"/> Service cancelled by provider <input type="checkbox"/> Other (specify) _____		
Anger Management	10/8/08	2		<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> No show <input type="checkbox"/> Parent/caregiver reported scheduling conflict <input type="checkbox"/> Service cancelled by provider <input type="checkbox"/> Other (specify) _____		
Anger Management	10/15/08	2	10/15/08	<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> No show <input type="checkbox"/> Parent/caregiver reported scheduling conflict		<b>3</b>

				<input type="checkbox"/> Service cancelled by provider <input type="checkbox"/> Other (specify) _____		
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An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 60 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.