

**SAMHSA FASD Center for Excellence  
Form G  
Diagnosis and Intervention Programs  
End of Intervention Improvement Measure  
Parent/Caregiver**

This form is used in the SAMHSA FASD Center for Excellence Diagnosis and Intervention Programs to determine overall improvement in the child as a result of receiving services. 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 is improving as a result of receiving services; however, participation is voluntary.

**Child ID:** \_\_\_\_\_

**To be completed by Parent/Caregiver**

**Date Assessment Completed:** \_\_\_\_\_

Please complete the overall improvement you have observed in the child.

**Question: Indicate on a scale of 0-3 the level of improvement you think your child has attained as a result of receiving services for an FASD (Fetal Alcohol Spectrum Disorders).**

\_\_\_ 0 - No improvement

\_\_\_ 1 - Little improvement

\_\_\_ 2 - Some or moderate improvement

\_\_\_ 3 - High level of improvement

**Comments:** \_\_\_\_\_