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.

<u>Question:</u> 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:

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 1 minute 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.