OMB # 0930- XXXX Expiration Date: xx/xx/xxxx

SAMHSA FASD Center for Excellence Form J

Diagnosis and Intervention Programs Outcome Measures (Children 8-18 years)

This is an outcomes measure checklist used in the SAMHSA FASD Center for Excellence Diagnosis and Intervention Programs to record measures within 30 days of developing the service delivery plan, every six months from start of service to end of service, at end of intervention, at 6 months follow-up, and 12 months follow-up. To protect privacy, name and any other individually identifying information will not be collected. It is important to us to obtain this information on these measures to monitor progress; however, participation is voluntary.

Date Completed: _____

Child ID:

Administered at the following time points:		
Within 30 days of developing the service delivery plan (basel	ine measure)	
Every six months from start of service to end of service		
End of Intervention/Program		
At 6 months follow-up and		
At 12 months follow-up		
l. School Performance Measures (record data for last 6 mor	<u>iths)</u>	
1. Number of school days		
2. Number of days attended		
3. Number of suspensions		
4. Number of expulsions		
2. Placement Stability(record data for last 6 months)		
1. Number of placements with more restriction	<u> </u>	
2. Number of placements with same amount of restriction		
3. Number of placements with less restriction	_	
		_
3. If child had a change in residence/placement since service	s began, indicate type of setting, dat	ie th
setting changed, and length of time in each setting.		
	Length of Time	
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		Length of Time		
Type of Setting	Date Setting Changed	Enter a number in the hours, days, or weeks column.		
		Hours	Days	Weeks
a) Adoptive Home				
b) Biological Father				
c) Biological Mother				
d) Drug/Alcohol				
Rehabilitation Center				
e) Foster Care				
f) Group Emergency Shelter				

g) Group Home		
h) Home of a Family Friend		
i) Home of a Relative		
j) Independent Living with		
Friend		
k) Independent Living by Self		
l) Individual Home		
Emergency Shelter		
m) Inpatient Psychiatric		
Hospital		
n) Jail		
o) Juvenile Detention Center		
p) Medical Hospital		
q) Residential Job		
Corp/Vocational Center		
r) Residential Treatment		
s) School Dormitory		
t) Specialized Foster Care		
u) Supervised Independent		
Living		
v) Therapeutic Foster care	 	
w) Two Biological Parents		

4. Adjudication Measures (record data for last 6 months)

•		•
	<u>a. I</u>	Petition Offense (Select as many as applicable)
		Murder and non-negligent manslaughter
		Forcible rape
		Burglary
		Assault
		Larceny-theft
		Motor Vehicle-theft
		Arson
		Other (simple) assault
		Forgery and counterfeiting
		Fraud
		Embezzlement
		Stolen Property (buying, receiving, possessing)
		Vandalism
		Weapons (buying, possessing, etc.)
		Prostitution and commercialized vice
		Sex offense (except forcible rape and prostitution)
		Drug abuse violation
		Gambling
		Offense against family and children
		Driving under the influence
		Liquor Laws
		Drunkenness
		Trespass (dwelling, motor vehicle, unspecified)
		Vagrancy
		All other offenses (except traffic)
		Suspicion

	Currew and loitering law violation
	Runaway
	, and the second
Adi	udicated Charge(s)
	Murder and non-negligent manslaughter
	Forcible rape
	Burglary
	Assault
	Larceny-theft
	Motor Vehicle-theft
	Arson
	Other (simple) assault
	Forgery and counterfeiting
	Fraud
	Embezzlement
	Stolen Property (buying, receiving, possessing)
	Vandalism
	Weapons (buying, possessing, etc.)
	Prostitution and commercialized vice
	Sex offense (except forcible rape and prostitution)
	Drug abuse violation
	Gambling
	Offense against family and children
	Driving under the influence
	Liquor Laws
	Drunkenness
	Disorderly conduct
	Trespass (dwelling, motor vehicle, unspecified)
	Vagrancy
	All other offenses (except traffic)
	Suspicion
	Curfew and loitering law violation
	Runaway
П	Other

b.

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 15 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.