

Form Approved  
OMB No. 0902-XXXX  
Exp.: XX/XX/20XX

Fetal Alcohol Spectrum Disorders   
Regional Education and Awareness Liaisons

*Improving health outcomes for infants and children diagnosed with one of the FASDs   
by addressing stigma and bias and increasing early identification.*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As the FASD champion for Region \_\_\_\_ of the American Academy of Pediatrics (AAP), I will take part in the following activities to support issues related to FASD during 2016:

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| **FASD Champion Metric: FASD Champions will submit a work plan including specific aims and measures for achieving progress. At the end of the year, FASD Champions will provide a written summary/update on progress made towards work plan activities.** |
| **2016 Work Plan Submission Date:** |

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| **FASD Champion Metric: FASD Champions will participate on Regional Network trainings/conference calls/webinars 1 times per year.** |
| Dates:  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attended Yes ⎕ No ⎕  Details on method, mode and frequency of contact and planned collaborative efforts:  Other Person(s) Involved: |

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| **FASD Champion Metric: FASD Champions will educate pediatric clinicians in their respective regions regarding FASD.** |
| **Activity 1:** Date:  Audience:  Person(s) Involved:  Activity Details:  **Activity 2:** Date:  Audience:  Person(s) Involved:  Activity Details:  \**More activities can be listed on the back of this page as necessary* |

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| **Other FASD Champion Activities.** |
| **Activity:** Date:  Person(s) Involved:  Activity Details:  **Activity:** Date:  Person(s) Involved:  Activity Details:  **Activity:** Date:  Person(s) Involved:  Activity Details: |