



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:

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:

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:

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*

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: