

Project LAUNCH Direct Services Survey

We are conducting a study to learn about the social and emotional development of children from birth through eight years of age. This study is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS). By collecting information from Project LAUNCH grantees, we seek to gain a better understanding of direct services that are being provided through the grant to further child health and well-being in LAUNCH communities. We estimate this survey will take approximately 8.5 hours to complete, including the time it may take to gather the information needed to respond to the questions. Your participation in the survey is voluntary, and your responses will be kept private to the extent permitted by law. As described in the (XXXX grantee number entered here) cooperative agreement award this data collection must be completed by the grantee.

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 number for this information collection is 0970-0373 and the expiration date is XX/XX/XXXX.

How much did you spend from the current funding year's **overall** Project LAUNCH budget since the last reporting period? \$ _____

- How much did you spend from your current funding year's **local** Project LAUNCH budget since the last reporting period? \$ _____
- How much did you spend from your current funding year's **state** Project LAUNCH budget since the last reporting period? \$ _____

HOME VISITING

Did you implement any **home visiting activities** during the current reporting period?

- Yes
- No

If **NO**, why did you not implement any home visiting activities during the current reporting period?

- There is another source of funding for this strand. Please specify source of funding: _____
- Plan to implement activities in the future, but still in the planning stages.
- Policy barriers exist (e.g., delays in agreements/contracts among agencies).
- Wrapping up grant activities.
- Other reason. Please specify: _____

(Next page)

Please list all of the **home visiting activities** that you have implemented during the current reporting period and answer the questions in the columns to the right. Please click on “Add activity” to add new activities to the table.

Add Activity

Activity	1) Please provide a brief description of this activity (100 words or less)	2) What type of activity is this?	3) How many times did this activity occur in the past 6 months?	4) Who directly participates in this activity?	5) How many of these individuals participated in the activity over the last 6 months?	6) Who is intended to benefit from this activity? (Note: This may not be the same people that you indicated in question 4)	7) If this activity was intended to help children, what specific age range of child?	8) Where is the activity implemented?
<p><i>Select one response</i></p> <ul style="list-style-type: none"> • Screening / assessment of children • Screening/ assessment of adults • Consultation/ reflective supervision with home visitors • Training for home visitors (e.g., child mental health and socio-emotional development, adult behavioral health, trauma, etc.) • Training for 		<p><i>Select one response</i></p> <ul style="list-style-type: none"> • Professional training • Screening / assessment • Classroom intervention • Parent/ family education activity • Consultation 	<p>Free text (numerical value only)</p>	<p><i>Select all that apply.</i></p> <ul style="list-style-type: none"> € Administrators € Health Providers € Home visitors € Mental health providers € Social service providers € Educators (teachers, early childhood) € Parents € Children € Other, Please specify: 	<p><i>Select a response by checking the box to the left and then fill in the number in the blank.</i></p> <ul style="list-style-type: none"> € Health Providers _____ € Home visitors _____ € Educators _____ € Parents _____ € Children _____ <ul style="list-style-type: none"> € ages 0-2 _____ € ages 3-4 _____ € ages 5-6 _____ € ages 7-8 _____ € ages 8 and over _____ € Other _____ 	<p><i>Select all that apply.</i></p> <ul style="list-style-type: none"> € Health Providers € Educators (teachers, early childhood, or home visitors) € Parents € Children € Other, Please specify: 	<p><i>Select all that apply.</i></p> <ul style="list-style-type: none"> € Prenatal € 0-2 € 3-4 € 5-6 € 7-8 	<p><i>Select all that apply.</i></p> <ul style="list-style-type: none"> € Children's homes € Schools € Early childcare education centers € Community-based locations (e.g., community centers, service agencies, faith-based locations) € Community mental health centers € Medical provider's offices € Other, please describe: _____ -

home visitors on use of assessment tools <ul style="list-style-type: none"> • Conducted home visits with parents/children • Providing brief intervention crisis interviews alongside home visitors 								
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[Note: Questions below do not fit into table. Please answer for each activity listed.]

9) If children participated in the activity, please list the percentage of children who were:

Male: _____

Female: _____

Other (please specify): _____

Hispanic, Latino/a, or Spanish origin: _____

American Indian or Alaskan Native: _____

Asian: _____

Black or African-American: _____

Native Hawaiian or Other Pacific Islander: _____

White: _____

Other (please specify): _____

10) How much (in dollars) was spent on this activity in the current reporting period? \$ _____

11) What percentage of the current grant year's **local** LAUNCH funding was spent on this activity in the current reporting period? _____%

12) What percentage of the current grant year's **state** LAUNCH funding was spent on this activity in the current reporting period? _____%

13) Did you receive other sources of funding for this activity in the current reporting period?

Yes

No

14) If yes, what percentage of the activity's funding came from LAUNCH in the current reporting period? _____%

15) Did any **volunteer workers** support this activity during the current funding period?

Yes

- No
- 16) (Only if yes to #15). Please indicate the number of volunteer workers and overall total number of volunteer hours that supported this activity during the current reporting period.
 - Number of volunteers: ____
 - Total number of volunteer hours: ____

Pop-up window for screening activities

Which of the following child screening or assessment tools did you use?

Screening tools for children	
<i>[Insert drop down / check box list of possible screening and assessment tools]</i>	
<i>Name of Screening Tool</i>	<i>Number of Times Administered in Past 6 Months</i>
Ages and Stages Questionnaire (ASQ-3)	
Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)	
Bailey Scales for Infant Toddler Development - III	
Child Behavior Checklist	
Devereux Early Childhood Assessment (DECA)	
Modified Checklist for Autism in Toddlers (M-CHAT)	
Peabody Picture Vocabulary - 4	
Pediatric Emotional Distress Scale (PEDS)	
Pediatric Symptom Checklist (PSC)	
Social Skills Improvement System	
Survey for Well-Being of Young Children	
Other screening or assessment tool. Please describe: _____	

Which of the following adult screening or assessment tools did you use?

Screening tools for adults	
<i>[Insert drop down / check box list of possible screening tools]</i>	
<i>Name of Screening Tool</i>	<i>Number of Times Administered in Past 6 Months</i>
Beck Depression Inventory	

CAGE-AID	
CES-D	
Conflict Tactics Scale	
Edinburgh Postnatal Depression Scale (EPDS)	
Kempe Family Stress Checklist	
Patient Health Questionnaire (PHQ)	
Survey for Well-Being of Young Children - Family Form	
Other screening or assessment tool. Please describe: _____	

Pop-up window for evidence-based home visiting programs

Which of the following evidence-based or promising home visiting program models did you implement?

- Child FIRST
- Early Head Start - Home Visiting
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up
- Family Spirit
- Healthy Families America (HFA)
- Healthy Steps
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Maternal Early Childhood Sustained Home Visiting Program (MESCH)
- Minding the Baby
- Nurse Family Partnership (NFP)
- Oklahoma Community-Based Family Resource and Support Program
- Parents as Teachers (PAT)
- Play and Learning Strategies (PALS) Infant
- SafeCare Augmented
- State-Specific Home Visiting model. Please describe: _____
- Other Home Visiting model. Please describe: _____

MENTAL HEALTH CONSULTATION

Did you implement any **mental health consultation in school and ECE settings activities** during the current reporting period?

- Yes
- No

If **NO**, why did you not implement any home visiting activities during the current reporting period?

- There is another source of funding for this strand. Please specify source of funding: _____
- Plan to implement activities in the future, but still in the planning stages.
- Policy barriers exist (e.g., delays in agreements/contracts among agencies).
- Wrapping up grant activities.
- Other reason. Please specify: _____

Please list all of the **mental health consultation in school and ECE settings activities** that you have implemented during the current reporting period and answer the questions in the columns to the right. Please click on “Add activity” to add new activities to the table.

Add Activity

Activity	Please provide a brief description of this activity (100 words or less)	What type of activity is this?	Who directly participates in this activity?	How many of these individuals participated in the activity over the last 6 months?	Who is intended to benefit from this activity?	If this activity was intended to help children, what specific age range of child?	Where is the activity implemented?
<ul style="list-style-type: none"> • Programmatic/classroom consultation • Individual child/parent consultation • Implementation of an evidence-based mental health consultation 		<i>Select one response</i> <ul style="list-style-type: none"> • Professional training • Screening/assessment • Classroom intervention • Parent/family education activity 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € Administrators Health Providers € Educators € Parents € Children € Other, Please specify: 	<i>Select a response by checking the box to the left and then fill in the number in the blank.</i> <ul style="list-style-type: none"> € Health Providers _____ € Educators _____ € Parents _____ € Children _____ <li style="padding-left: 20px;">€ ages 0-2 _____ 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € Health Providers € Educators € Parents € Children € Other, Please specify: 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € 0-2 € 3-4 € 5-6 € 7-8 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € Children’s homes € Schools € Early childcare education centers € Community-based locations (e.g., community centers, service agencies, faith-based locations)

<ul style="list-style-type: none"> model • Implementation of a social-emotional curriculum • Training for ECE or school staff on child mental health and socio-emotional development 		<ul style="list-style-type: none"> • Consultation 		<ul style="list-style-type: none"> € ages 3-4 _____ € ages 5-6 _____ € ages 7-8 _____ € ages 8 and over _____ € Other _____ 			<ul style="list-style-type: none"> € Community mental health centers € Medical provider's offices € Other, please describe: _____ _____
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[Note: Questions below do not fit into table. Please answer for each activity listed.]

9) If children participated in the activity, please list the percentage of children who were:

Male: _____

Female: _____

Other (please specify): _____

Hispanic, Latino/a, or Spanish origin: _____

American Indian or Alaskan Native: _____

Asian: _____

Black or African-American: _____

Native Hawaiian or Other Pacific Islander: _____

White: _____

Other (please specify): _____

10) How much (in dollars) was spent on this activity in the current reporting period? \$ _____

11) What percentage of the current grant year's **local** LAUNCH funding was spent on this activity in the current reporting period? _____%

12) What percentage of the current grant year's **state** LAUNCH funding was spent on this activity in the current reporting period? _____%

13) Did you receive other sources of funding for this activity in the current reporting period?

a. Yes

b. No

14) If yes, what percentage of the activity's funding came from LAUNCH in the current reporting period? _____%

15) Did any **volunteer workers** support this activity during the current funding period?

a. Yes

b. No

- 16) (Only if yes to #15). Please indicate the number of volunteer workers and overall total number of volunteer hours that supported this activity during the current reporting period.
- a. Number of volunteers: ____
 - b. Total number of volunteer hours: ____

Pop-up window for evidence-based mental health consultation models implemented with teachers

Which of the following evidence-based or promising practice mental health consultation models did you implement?

- Georgetown University Guidance for Mental Health Consultation
- Family Connections Mental Health Consultation and Professional Development Model
- Pyramid Model, Center on the Social and Emotional Foundations for Early Learning (CSEFEL)
- State-Specific Model. Please describe: _____
- Locally developed model. Please describe: _____
- Other model. Please describe: _____

Pop-up window for evidence-based social-emotional curricula

Which of the following evidence-based or promising practice social-emotional curricula did you implement? (May be used with or without MHC)

- CESEFL – Social Emotional Foundations for Early Learning
- Incredible Years Teacher-Child Programs
- Second Step – Conflict Resolution for Teachers in Classrooms
- Other program. Please describe: _____

INTEGRATING BEHAVIORAL AND PRIMARY HEALTH CARE

Did you implement any **activities related to integrating behavioral health into primary health care** during the current reporting period?

- Yes
- No

If **NO**, why did you not implement any home visiting activities during the current reporting period?

- There is another source of funding for this strand. Please specify source of funding: _____
- Plan to implement activities in the future, but still in the planning stages.
- Policy barriers exist (e.g., delays in agreements/contracts among agencies).
- Wrapping up grant activities.
- Other reason. Please specify: _____

(Next page)

Please list all of the **activities related to integrating behavioral health into primary health care** that you have implemented during the current reporting period and answer the questions in the columns to the right. Please click on “Add activity” to add new activities to the table.

Add Activity

Activity	Please provide a brief description of this activity (100 words or less)	What type of activity is this?	Who directly participates in this activity?	How many of these individuals participated in the activity over the last 6 months?	Who is intended to benefit from this activity?	If this activity was intended to help children, what specific age range of child?	Where is the activity implemented?
<input type="radio"/> Screening/ assessment of children <input type="radio"/> Screening/ assessment of adults <input type="radio"/> Training for primary care staff		<i>Select one response</i> <ul style="list-style-type: none"> • Professional training • Screening/ assessment • Classroom intervention • Parent/ family 	<i>Select all that apply.</i> <input type="checkbox"/> Administrators <input type="checkbox"/> Health Providers <input type="checkbox"/> Mental health providers <input type="checkbox"/> Social service providers <input type="checkbox"/> Educators <input type="checkbox"/> Parents <input type="checkbox"/> Children	<i>Select a response by checking the box to the left and then fill in the number in the blank.</i> <input type="checkbox"/> Health Providers _____ <input type="checkbox"/> Educators _____ <input type="checkbox"/> Parents _____ <input type="checkbox"/> Children	<i>Select all that apply.</i> <input type="checkbox"/> Health Providers <input type="checkbox"/> Educators <input type="checkbox"/> Parents <input type="checkbox"/> Children <input type="checkbox"/> Other, Please specify:	<i>Select all that apply.</i> <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8	<i>Select all that apply.</i> <input type="checkbox"/> Children’s homes <input type="checkbox"/> Schools <input type="checkbox"/> Early childcare education centers <input type="checkbox"/> Community-based locations (e.g., community centers, service agencies, faith-

<p>on child mental health and socio-emotional development</p> <ul style="list-style-type: none"> o Mental health consultation (e.g. in well-child visits, phone consults) o Mental health assessment o Mental health brief intervention • Referral to mental health treatment 		<p>education activity</p> <ul style="list-style-type: none"> • Consultation 	<p>€ Other, Please specify:</p>	<p>€ ages 0-2 ____</p> <p>€ ages 3-4 ____</p> <p>€ ages 5-6 ____</p> <p>€ ages 7-8 ____</p> <p>€ ages 8 and over ____</p> <p>€ Other ____</p>			<p>based locations)</p> <ul style="list-style-type: none"> € Community mental health centers € Medical provider's offices € Other, please describe: _____
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[Note: Questions below do not fit into table. Please answer for each activity listed.]

9) If children participated in the activity, please list the percentage of children who were:

Male: _____

Female: _____

Other (please specify): _____

Hispanic, Latino/a, or Spanish origin: _____

American Indian or Alaskan Native: _____

Asian: _____

Black or African-American: _____

Native Hawaiian or Other Pacific Islander: _____

White: _____
 Other (please specify): _____

- 10) How much (in dollars) was spent on this activity in the current reporting period? \$_____
- 11) What percentage of the current grant year's **local** LAUNCH funding was spent on this activity in the current reporting period? _____%
- 12) What percentage of the current grant year's **state** LAUNCH funding was spent on this activity in the current reporting period? _____%
- 13) Did you receive other sources of funding for this activity in the current reporting period?
 - a. Yes
 - b. No
- 14) If yes, what percentage of the activity's funding came from LAUNCH in the current reporting period? _____%
- 15) Did any **volunteer workers** support this activity during the current funding period?
 - a. Yes
 - b. No
- 16) (Only if yes to #15). Please indicate the number of volunteer workers and overall total number of volunteer hours that supported this activity during the current reporting period.
 - a. Number of volunteers: ____
 - b. Total number of volunteer hours: ____

Pop-up window for screening activities

Which of the following child screening or assessment tools did you use?

Screening tools for children	
<i>[Insert drop down / check box list of possible screening and assessment tools]</i>	
<i>Name of Screening Tool</i>	<i>Number of Times Administered in Past 6 Months</i>
Ages and Stages Questionnaire (ASQ-3)	
Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)	
Bailey Scales for Infant Toddler Development - III	
Child Behavior Checklist	
Devereux Early Childhood Assessment (DECA)	
Modified Checklist for Autism in Toddlers (M-CHAT)	
Peabody Picture Vocabulary - 4	
Pediatric Emotional Distress Scale (PEDS)	
Pediatric Symptom Checklist (PSC)	
Social Skills Improvement System	
Survey for Well-Being of Young Children	
Other screening or assessment tool. Please describe: _____	

Which of the following adult screening or assessment tools did you use?

Screening tools for adults	
<i>[Insert drop down / check box list of possible screening tools]</i>	
<i>Name of Screening Tool</i>	<i>Number of Times Administered in Past 6 Months</i>
Beck Depression Inventory	
CAGE-AID	
CES-D	
Conflict Tactics Scale	
Edinburgh Postnatal Depression Scale (EPDS)	
Kempe Family Stress Checklist	
Patient Health Questionnaire (PHQ)	
Survey for Well-Being of Young Children - Family Form	
Other screening or assessment tool. Please describe: _____	

FAMILY STRENGTHENING

Did you implement any **family strengthening activities** during the current reporting period?

- Yes
- No

If **NO**, why did you not implement any home visiting activities during the current reporting period?

- There is another source of funding for this strand. Please specify source of funding: _____
- Plan to implement activities in the future, but still in the planning stages.
- Policy barriers exist (e.g., delays in agreements/contracts among agencies).
- Wrapping up grant activities.
- Other reason. Please specify: _____

Please list all of the **family strengthening activities** you have implemented during the current reporting period and answer the questions in the columns to the right. Please click on “Add activity” to add new activities to the table.

Add Activity

Activity	Please provide a brief description of this activity (100 words or less)	What type of activity is this?	Who directly participates in this activity?	How many of these individuals participated in the activity over the last 6 months?	Who is intended to benefit from this activity?	If this activity was intended to help children, what specific age range of child?	Where is the activity implemented?
<input type="radio"/> Screening/ assessment of children <input type="radio"/> Screening/ assessment of adults <input type="radio"/> Training for providers on socio-emotional screening <input type="radio"/> Training for providers on child socio-		<i>Select one response</i> <ul style="list-style-type: none"> • Professional training • Screening/ assessment • Classroom intervention • Parent/ family education activity • Consultation 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € Administrators € Health Providers € Mental health providers € Social service providers € Educators € Parents € Children € Other, Please specify: 	<i>Select a response by checking the box to the left and then fill in the number in the blank.</i> <ul style="list-style-type: none"> € Health Providers _____ € Educators _____ € Parents _____ € Children <ul style="list-style-type: none"> € ages 0-2 _____ € ages 3-4 _____ € ages 5-6 _____ € ages 7-8 _____ 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € Health Providers € Educators € Parents € Children € Other, Please specify: 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € 0-2 € 3-4 € 5-6 € 7-8 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € Children’s homes € Schools € Early childcare education centers € Community-based locations (e.g., community centers, service agencies, faith-based locations) € Community mental health

<p>emotional development</p> <p>0 Training for providers on an evidence-based parenting intervention to be implemented (e.g., Incredible Years, Nurturing Parenting Programs)</p> <p>0 Implementation of a family strengthening framework</p> <p>0 Implementation of an evidence-based parent education or support program</p> <p>0 Implementation of a therapeutic intervention</p> <p>0 Providing mental health consultant to family strengthening program staff</p>				<p>€ ages 8 and over _____</p> <p>€ Other _____</p>			<p>€ centers</p> <p>€ Medical provider's offices</p> <p>€ Other, please describe:</p> <p>_____</p> <p>_____</p>
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9) (Does not fit in table - please answer for each activity listed) If children participated in the activity, please list the percentage of children who were:

Male: _____

Female: _____

Other (please specify): _____

Hispanic, Latino/a, or Spanish origin: _____

American Indian or Alaskan Native: _____

Asian: _____

Black or African-American: _____

Native Hawaiian or Other Pacific Islander: _____

White: _____

Other (please specify): _____

- 10) How much (in dollars) was spent on this activity in the current reporting period? \$_____
- 11) What percentage of the current grant year's **local** LAUNCH funding was spent on this activity in the current reporting period? _____%
- 12) What percentage of the current grant year's **state** LAUNCH funding was spent on this activity in the current reporting period? _____%
- 13) Did you receive other sources of funding for this activity in the current reporting period?
 - a. Yes
 - b. No
- 14) If yes, what percentage of the activity's funding came from LAUNCH in the current reporting period? _____%
- 15) Did any **volunteer workers** support this activity during the current funding period?
 - a. Yes
 - b. No
- 16) (Only if yes to #15). Please indicate the number of volunteer workers and overall total number of volunteer hours that supported this activity during the current reporting period.
 - a. Number of volunteers: ____
 - b. Total number of volunteer hours: ____

Pop-up window for screening activities

Which of the following child screening or assessment tools did you use?

Screening tools for children	
<i>[Insert drop down / check box list of possible screening and assessment tools]</i>	
<i>Name of Screening Tool</i>	<i>Number of Times Administered in Past 6 Months</i>
Agess and Stages Questionnaire (ASQ-3)	
Agess and Stages Questionnaire: Social-Emotional (ASQ:SE)	
Bailey Scales for Infant Toddler Development - III	
Child Behavior Checklist	
Devereux Early Childhood Assessment (DECA)	
Modified Checklist for Autism in Toddlers (M-CHAT)	
Peabody Picture Vocabulary - 4	

Pediatric Emotional Distress Scale (PEDS)	
Pediatric Symptom Checklist (PSC)	
Social Skills Improvement System	
Survey for Well-Being of Young Children	
Other screening or assessment tool. Please describe: _____	

Which of the following adult screening or assessment tools did you use?

Screening tools for adults	
<i>[Insert drop down / check box list of possible screening tools]</i>	
<i>Name of Screening Tool</i>	<i>Number of Times Administered in Past 6 Months</i>
Beck Depression Inventory	
CAGE-AID	
CES-D	
Conflict Tactics Scale	
Edinburgh Postnatal Depression Scale (EPDS)	
Kempe Family Stress Checklist	
Patient Health Questionnaire (PHQ)	
Survey for Well-Being of Young Children - Family Form	
Other screening or assessment tool. Please describe: _____	

Pop-up window for family strengthening frameworks

Which family strengthening frameworks did you use?

- Positive Behavioral Interventions & Supports (PBIS)
- Touchpoints Approach
- Strengthening Families Framework
- Other. Please describe: _____

Pop-up window for evidence-based parent education or support programs

Which of the following evidence-based or promising practice family strengthening programs did you implement with parents?

- ACT – Parents Raising Safe Kids Program
- Centering Parenting
- Centering Pregnancy
- Chicago Parenting Program
- Circle of Security
- Effective Black Parenting Program
- Incredible Years Parent Training
- Legacy for Children
- Newborn Behavioral Observation
- Nurturing Parenting Program
- Parent Cafes
- Parent Child Interaction Therapy (PCIT)
- Parenting Wisely
- Positive Behavior Support
- Positive Indian Parenting
- Positive Parenting Program (Triple P)
- Systematic Training for Effective Parenting (STEP)
- Locally-developed or other family strengthening program model. Please describe: _____

Pop-up window for therapeutic interventions

Which of the following therapeutic interventions did you use?

- Trauma Recovery and Empowerment Model (TREM)
- Parent Child Interaction Therapy (PCIT)
- Other therapeutic intervention. Please describe: _____

OTHER DIRECT SERVICE ACTIVITIES

Did you implement any **other direct services activities** during the current reporting period?

- Yes
- No

If **NO**, why did you not implement any home visiting activities during the current reporting period?

- There is another source of funding for this strand. Please specify source of funding: _____
- Plan to implement activities in the future, but still in the planning stages.
- Policy barriers exist (e.g., delays in agreements/contracts among agencies).
- Wrapping up grant activities.
- Other reason. Please specify: _____

(Next page)

Please list all of the **other direct services activities** you have implemented during the current reporting period and answer the questions in the columns to the right. Please click on “Add activity” to add new activities to the table.

Add Activity

Activity	Please provide a brief description of this activity (100 words or less)	What type of activity is this?	Who directly participates in this activity?	How many of these individuals participated in the activity over the last 6 months?	Who is intended to benefit from this activity?	If this activity was intended to help children, what specific age range of child?	Where is the activity implemented?
Activity 1		<i>Select one response</i> <ul style="list-style-type: none"> • Professional training • Screening/assessment • Classroom intervention • Parent/family education activity 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € Administrators € Health Providers € Educators € Parents € Children € Other, Please specify: 	<i>Select a response by checking the box to the left and then fill in the number in the blank.</i> <ul style="list-style-type: none"> € Health Providers _____ € Educators _____ € Parents _____ € Children <ul style="list-style-type: none"> € ages 0-2 _____ € ages 3-4 _____ 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € Health Providers € Educators € Parents € Children € Other, Please specify: 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € 0-2 € 3-4 € 5-6 € 7-8 	<i>Select all that apply.</i> <ul style="list-style-type: none"> € Children's homes € Schools € Early childcare education centers € Medical provider's offices € Other, please describe: _____

		• Consultation		€ ages 5-6 _____ € ages 7-8 _____ € ages 8 and over _____ € Other _____			
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9) (Does not fit in table – please answer for each activity listed) If children participated in the activity, please list the percentage of children who were:

Male: _____

Female: _____

Other (please specify): _____

Hispanic, Latino/a, or Spanish origin: _____

American Indian or Alaskan Native: _____

Asian: _____

Black or African-American: _____

Native Hawaiian or Other Pacific Islander: _____

White: _____

Other (please specify): _____

10) How much (in dollars) was spent on this activity in the current reporting period? \$ _____

11) What percentage of the current grant year's **local** LAUNCH funding was spent on this activity in the current reporting period? _____%

12) What percentage of the current grant year's **state** LAUNCH funding was spent on this activity in the current reporting period? _____%

13) Did you receive other sources of funding for this activity in the current reporting period?

a. Yes

b. No

14) If yes, what percentage of the activity's funding came from LAUNCH in the current reporting period? _____%

15) Did any **volunteer workers** support this activity during the current funding period?

a. Yes

b. No

16) (Only if yes to #15). Please indicate the number of volunteer workers and overall total number of volunteer hours that supported this activity during the current reporting period.

a. Number of volunteers: _____

b. Total number of volunteer hours: _____

