

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:  |