

SAMHSA FASD Center for Excellence
Form F
Diagnosis and Intervention Programs
End of Intervention Improvement Measure
Case Manager

This form is used in the SAMHSA FASD Center for Excellence Diagnosis and Intervention Programs to determine overall improvement in the child as a result of receiving services. To protect privacy, name and any other individually identifying information will not be collected. It is important to us to obtain this information to determine if the child is improving as a result of receiving services; however, participation is voluntary.

Child ID: _____

To be completed by Case Manager

Date Assessment Completed: _____

Please complete the overall improvement you have observed in the child.

Question: Indicate on a scale of 0-3 the level of overall improvement you think the child has attained as a result of receiving services for an FASD (Fetal Alcohol Spectrum Disorders).

___ 0 - No improvement

___ 1 - Little improvement

___ 2 - Some or moderate improvement

___ 3 - High level of improvement

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.