

SERVICES RECEIVED COLUMN 'A' RESPONSES	NUMBER OF SESSIONS COLUMN 'B' RESPONSES	WHERE AND BY WHOM COLUMN 'C' RESPONSES
1 = Yes 0 = No -1 = N/A -8 = Don't know	0 = No sessions 1 = Once 2 = Every few months 3 = Monthly 4 = 2-3 x/month 5 = Weekly 6 = 2-6 x/week 7 = Daily -1 = N/A	1 = On-site by PPW project staff 2 = On-site by another agency 3 = Off-site by PPW project staff 4 = Off-site by another agency 5 = On-site by PPW parent organization staff 6 = Off-site by PPW parent organization staff -1 = N/A

Choose the response category that most closely describes the services received by this child. Record the corresponding value in the box for each column: **A – Services Received**, **B – Number of Sessions**, and **C – Where and by Whom**.

If a child is given a N/A for receiving a service in Column A, then it is anticipated that the child will also receive N/A or None in Columns B-C.

SERVICE/TREATMENT ACTIVITY

	A Services Received	B Sessions	C Where and by Whom
1. Developmental Assessment (based on standardized form/process).....	<input type="checkbox"/> CD_STA01_A	<input type="checkbox"/> CD_STA01_B	<input type="checkbox"/> CD_STA01_C
2. Physical Exam by Healthcare Providers (including height, weight, vital signs, BMI, body systems: respiratory, cardiac, gastrointestinal, genitor-urinary, skin, neurological)	<input type="checkbox"/> CD_STA02_A	<input type="checkbox"/> CD_STA02_B	<input type="checkbox"/> CD_STA02_C
3. Laboratory Testing (urinalysis, complete blood count, electrolytes, HIV/AIDS & STDs).....	<input type="checkbox"/> CD_STA03_A	<input type="checkbox"/> CD_STA03_B	<input type="checkbox"/> CD_STA03_C
4. Immunization Updates	<input type="checkbox"/> CD_STA04_A	<input type="checkbox"/> CD_STA04_B	<input type="checkbox"/> CD_STA04_C
5. Vision Screening (used standard eye charts)	<input type="checkbox"/> CD_STA05_A	<input type="checkbox"/> CD_STA05_B	<input type="checkbox"/> CD_STA05_C
6. Speech and Hearing Assessment.....	<input type="checkbox"/> CD_STA06_A	<input type="checkbox"/> CD_STA06_B	<input type="checkbox"/> CD_STA06_C
7. Dental Assessment (done by dentist).....	<input type="checkbox"/> CD_STA07_A	<input type="checkbox"/> CD_STA07_B	<input type="checkbox"/> CD_STA07_C
8. Nutritional Assessment (done by registered dietitian)	<input type="checkbox"/> CD_STA08_A	<input type="checkbox"/> CD_STA08_B	<input type="checkbox"/> CD_STA08_C
9. Medical Diagnosing and Follow-up Treatment.....	<input type="checkbox"/> CD_STA09_A	<input type="checkbox"/> CD_STA09_B	<input type="checkbox"/> CD_STA09_C
10. Mental Status Exam for Children	<input type="checkbox"/> CD_STA10_A	<input type="checkbox"/> CD_STA10_B	<input type="checkbox"/> CD_STA10_C
11. Recreational Activity (field trips, movies, team sports, cultural experiences, picnics).....	<input type="checkbox"/> CD_STA11_A	<input type="checkbox"/> CD_STA11_B	<input type="checkbox"/> CD_STA11_C
12. Spiritual Activity (meditational activities, attendance at services, watching video tapes, listening to tapes, etc.).....	<input type="checkbox"/> CD_STA12_A	<input type="checkbox"/> CD_STA12_B	<input type="checkbox"/> CD_STA12_C

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SERVICE/TREATMENT ACTIVITY (Continued)

	A Services Received	B Sessions	C Where and by Whom
13. Individual Nurturing (0 to 5 yrs) (this includes being held, rocked, infant massage/stimulation, reading to them, singing to/with them, listening to them and dialoguing with them)	<input type="checkbox"/> CD_STA13_A	<input type="checkbox"/> CD_STA13_B	<input type="checkbox"/> CD_STA13_C
14. Individual Counseling Related to Effects of Substance Abuse (5 to 17 yrs)	<input type="checkbox"/> CD_STA14_A	<input type="checkbox"/> CD_STA14_B	<input type="checkbox"/> CD_STA14_C
15. Substance Abuse Prevention Education/Classes	<input type="checkbox"/> CD_STA15_A	<input type="checkbox"/> CD_STA15_B	<input type="checkbox"/> CD_STA15_C
16. Play Therapy	<input type="checkbox"/> CD_STA16_A	<input type="checkbox"/> CD_STA16_B	<input type="checkbox"/> CD_STA16_C
17. Art Therapy.....	<input type="checkbox"/> CD_STA17_A	<input type="checkbox"/> CD_STA17_B	<input type="checkbox"/> CD_STA17_C
18. Group Counseling for Children of Addicts	<input type="checkbox"/> CD_STA18_A	<input type="checkbox"/> CD_STA18_B	<input type="checkbox"/> CD_STA18_C
19. Attend AlaTot.....	<input type="checkbox"/> CD_STA19_A	<input type="checkbox"/> CD_STA19_B	<input type="checkbox"/> CD_STA19_C
20. Attend AlaTeen.....	<input type="checkbox"/> CD_STA20_A	<input type="checkbox"/> CD_STA20_B	<input type="checkbox"/> CD_STA20_C
21. Mother-Child Parenting/Bonding Classes.....	<input type="checkbox"/> CD_STA21_A	<input type="checkbox"/> CD_STA21_B	<input type="checkbox"/> CD_STA21_C
22. Father-Child Parenting/Bonding Classes.....	<input type="checkbox"/> CD_STA22_A	<input type="checkbox"/> CD_STA22_B	<input type="checkbox"/> CD_STA22_C
23. Mother/Father/Child Counseling/Classes	<input type="checkbox"/> CD_STA23_A	<input type="checkbox"/> CD_STA23_B	<input type="checkbox"/> CD_STA23_C
24. Individual Psychiatric Therapy (based on psychiatric diagnosis)	<input type="checkbox"/> CD_STA24_A	<input type="checkbox"/> CD_STA24_B	<input type="checkbox"/> CD_STA24_C
25. Group Psychiatric Therapy (based on psychiatric diagnosis)	<input type="checkbox"/> CD_STA25_A	<input type="checkbox"/> CD_STA25_B	<input type="checkbox"/> CD_STA25_C
26. Special/Remedial Education (for learning disabled).....	<input type="checkbox"/> CD_STA26_A	<input type="checkbox"/> CD_STA26_B	<input type="checkbox"/> CD_STA26_C
27. Evidence of Aftercare Plan	<input type="checkbox"/> CD_STA27_A	<input type="checkbox"/> CD_STA27_B	<input type="checkbox"/> CD_STA27_C
28. Established Socio-economic Support at State and Federal Level (if eligible).....	<input type="checkbox"/> CD_STA28_A	<input type="checkbox"/> CD_STA28_B	<input type="checkbox"/> CD_STA28_C

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