START EARLY™
Formerly known as the Ounce

DataPoints Child Outcome Indicators

Child Name:___________________ **DOB:**______________________

Father Involvement						
Date:		☐*Daily*	☐*Weekly*	☐*Less than weekly*	☐*Never*	☐*Declined to answer*
Date:		☐*Daily*	☐*Weekly*	☐*Less than weekly*	☐*Never*	☐*Declined to answer*
Date:		☐*Daily*	☐*Weekly*	☐*Less than weekly*	☐*Never*	☐*Declined to answer*
Date:		☐*Daily*	☐*Weekly*	☐*Less than weekly*	☐*Never*	☐*Declined to answer*
Date:		☐*Daily*	☐*Weekly*	☐*Less than weekly*	☐*Never*	☐*Declined to answer*
Date:		☐*Daily*	☐*Weekly*	☐*Less than weekly*	☐*Never*	☐*Declined to answer*

Medical Home					
Date:		☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*Unknown*
Date:		☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*Unknown*
Date:		☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*Unknown*
Date:		☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*Unknown*
Date:		☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*Unknown*
Date:		☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*Unknown*

Child Injuries		
Date		***# of injuries requiring medical treatment (past 6 months)***
Date:		
Date:		
Date:		
Date:		
Date:		
Date:		

Child Feeding				
6 weeks	☐*Breast milk*	☐*Formula only*	☐*Breast milk and formula*	☐*Unknown*
6 months	☐*Breast milk*	☐*Formula only*	☐*Breast milk and formula*	☐*Unknown*
1 year	☐*Breast milk*	☐*Formula only*	☐*Breast milk& formula*	☐*Unknown*
18 months	☐*Breast milk*	☐*Formula only*	☐*Breast milk & formula*	☐*Unknown*
2 years	☐*Breast milk*	☐*Formula only*	☐*Breast milk & formula*	☐*Unknown*

Other Screening					
Date	***Date Completed***	***Screening Type***	***Other Screening***	***Non-Referral F/U Needed***	***Non-referral F/U Completed***
Date:		☐*Hearing* ☐*Vision* ☐*Other*			
Date:		☐*Hearing* ☐*Vision* ☐*Other*			
Date:		☐*Hearing* ☐*Vision* ☐*Other*			
Date:		☐*Hearing* ☐*Vision* ☐*Other*			
Date:		☐*Hearing* ☐*Vision* ☐*Other*			

Well Child Visits						
Date	***Screen Time Period***	***Hearing Concern***	***Vision Concern***	***Height/Weight Measured***	***Immunizations Given***	***Provider/Medical Home***
		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	Select
		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	Select
		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	Select
		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	Select

***Well Child Visit Screen Time Period in Months:** {1,2,4,6,9,12,15,18,24,30,36,48,60,72}

***Provider/Medical Home:** {Clinic, Private Doctor, Other, Unknown}

Developmental Screening

Date:	**Screen By**:			
Time Period: Select *Instrument*	☐Denver II ☐ASQ	☐Batelle	☐Brigance ☐None: child already receiving services	
Result	☐WNL	☐Suspect	☐Untestable	☐Rescreen pending
Disposition of Suspect	☐Referral Made	☐No Action Taken	☐Already Receiving Service	☐Other ☐Unknown
Referral Service	☐Child & Family Connection	☐Physician	☐Occupational Therapy	☐Physical Therapy ☐Other
Referral Result	☐Evaluation pending ☐Receiving services - EI	☐Ineligible ☐Receiving services – physician	☐Wait listed	☐Refused ☐Receiving services - other
Reason for Refusal	Write/type reason here.	Options listed below.		

Date:	**Screen By**:			
Time Period: Select *Instrument*	☐Denver *II* ☐ASQ	☐Batelle	☐Brigance ☐None: child already receiving services	
Result	☐WNL	☐Suspect	☐Untestable	☐Rescreen pending
Disposition of Suspect	☐Referral Made	☐No Action Taken	☐Already Receiving Services	☐Other ☐Unknown
Referral Service	☐Child & Family Connection	☐Physician	☐Occupational Therapy	☐Physical Therapy ☐Other
Referral Result	☐Evaluation pending ☐Receiving services - EI	☐Ineligible ☐Receiving services – physician	☐Wait listed	☐Refused ☐Receiving services - other
Reason for Refusal	Write/type reason here.	Options listed below.		

***Developmental Screenings Time Period in Months:** {2,3,6,9,12,14,16,18,22,24,27,30,33,36,42,48,54,60}

***Reason for Service Refusal options:** {Problem Accessing Services, Not Ready to Access Services, Believed Services Were Not Necessary, Believed Symptoms Due to Temporary Situation, No Reason Given, Other}

Social Emotional Screening

Date:		**Screen By**:		
Time Period: Select				
Instrument	☐ASQ: SE	☐Other SE	☐None: child already receiving services	
Result	☐WNL	☐Suspect	☐Untestable	☐Rescreen pending
Disposition of Suspect	☐Referral Made	☐No Action Taken	☐Already Receiving Service	☐Other ☐Unknown
Referral Service	☐Child & Family Connection	☐Physician	☐Occupational Therapy	☐Physical Therapy ☐Other
Referral Result	☐Evaluation pending	☐Ineligible	☐Wait listed	☐Refused
	☐Receiving services - EI	☐Receiving services – physician		☐Receiving services - other
Reason for Refusal	Write/type reason here.	Options listed below.		

Date:		**Screen By**:		
Time Period: Select				
Instrument	☐ASQ: SE	☐Other SE	☐None: child already receiving services	
Result	☐WNL	☐Suspect	☐Untestable	☐Rescreen pending
Disposition of Suspect	☐Referral Made	☐No Action Taken	☐Already Receiving Services	☐Other ☐Unknown
Referral Service	☐Child & Family Connection	☐Physician	☐Occupational Therapy	☐Physical Therapy ☐Other
Referral Result	☐Evaluation pending ☐Unknown	☐Ineligible	☐Wait listed	☐Refused
	☐Receiving services - EI	☐Receiving services – physician		☐Receiving services - other
Reason for Refusal	Write/type reason here.	Options listed below.		

***Social Emotional Screening Time Period in Months:** {2,6,12,18,24,30,36,48,60}

***Reason for Service Refusal options:** {Problem Accessing Services, Not Ready to Access Services, Believed Services Were Not Necessary, Believed Symptoms Due to Temporary Situation, No Reason Given, Other}