

DataPoints Participant Outcome Indicators

Participant Name:_____

Enrollment Date: _____

Assessm	Assessments					
Date	Assessment	Non-Referral F/U Needed	Non-referral F/U completed			

Family Go	Family Goal Plan				
Date:					

Birth Plan				
Date:				
Date:				

Postpartum Follow-up Visits				
Event Date	Days between Visit and Child's DOB:			

if other Enrolled in GED: Yes No Enrolled in Voc./Tech: Yes No If Not Enrolled Graduated 12thgr Completed GED Completed Assoc Completed BA/BS	Education							
Academic Program Other Program Ithe program Other Program Other Program Other Program Ithe program Ith	Date:							
If Academic	Status							
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Enrolled in ESL	If Not Enrolled		-	•	•	•	BA/BS	
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Date: Status	Enrolled in ESL							
Status			□Yes	□No				
Status	_							
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Enrolled in ESL	If Not Enrolled	l □Gradu	uated 12thgr	mpleted GED	Completed Asso	c Completed E	BA/BS	
		□Comp	leted Graduate 🗆	Completed Prof	Cert/Licensure	\Box Dropped out		
	Enrolled in ES	L						
\Box Yes \Box No			□Yes	□No				

Employment						
Date	Status					
	□ <i>Full time</i>	□Part time	□ Temp/seasonal	\Box Not working	□Full time student	\Box On disability
	□ <i>Full time</i>	□Part time	□Temp/seasonal	\Box Not working	□Full time student	\Box On disability
	□ <i>Full time</i>	□Part time	□ Temp/seasonal	\Box Not working	□Full time student	\Box On disability
	□ <i>Full time</i>	□Part time	□ Temp/seasonal	\Box Not working	□Full time student	\Box On disability
	□ <i>Full time</i>	□Part time	□ Temp/seasonal	\Box Not working	□Full time student	□On disability
	□ <i>Full time</i>	□Part time	□ Temp/seasonal	\Box Not working	□Full time student	\Box On disability

Transier	ice				
Date	Status				
	Homeless at any point in the past 3 months?	Currently Homeless?	#Days Homeless in past 3 months	Applicable living situations in past 3 months	Participating in the homelessness pilot program
	□Yes □No	□Yes □No	□Yes □No		□Yes □No
	□Yes □No	□Yes □No	□Yes □No		□Yes □No
	□Yes □No	□Yes □No	□Yes □No		□Yes □No
	□Yes □No	□Yes □No	□Yes □No		□Yes □ No

Birth C	Birth Control					
Date	Status					
	\Box Currently pregnant	□Abstinent	□Using	\Box Not using	\Box Declined to answer	
	\Box Currently pregnant	□Abstinent	□Using	\Box Not using	\Box Declined to answer	
	\Box Currently pregnant	□Abstinent	□Using	\Box Not using	\Box Declined to answer	
	□ Currently pregnant	□Abstinent	□Using	\Box Not using	\Box Declined to answer	
	□ <i>Currently pregnant</i>	□Abstinent	□Using	\Box Not using	\Box Declined to answer	
	\Box <i>Currently pregnant</i>	□Abstinent	□Using	\Box Not using	\Box Declined to answer	

STI Pre	STI Prevention					
Date	Status					
	□Abstinent	□Using	\Box Not using	\Box Declined to answer		
	□Abstinent	□Using	\Box Not using	\Box Declined to answer		
	□Abstinent	Using	\Box Not using	□ Declined to answer		
	□Abstinent	□Using	\Box Not using	\Box Declined to answer		
	□Abstinent	□Using	\Box Not using	\Box Declined to answer		
	□Abstinent	□Using	\Box Not using	\Box Declined to answer		

Tobacco	Tobacco				
Date	# of cigarettes smoked in last month	Does anyone living with you use tobacco products?			
		□Yes	\Box No		
		□Yes	\Box No		
		□Yes	\Box No		
		□Yes	\Box No		
		□Yes	\Box No		
		□Yes	\Box No		

Medical	Medical Home					
Date	Status					
	□ <i>Clinic</i>	□Private Doctor	□Other	□None		
	□ <i>Clinic</i>	□Private Doctor	□ <i>Other</i>	□None		
	□ <i>Clinic</i>	□Private Doctor	□ <i>Other</i>	□None		
	□ <i>Clinic</i>	□Private Doctor	□Other	□None		
	□ <i>Clinic</i>	□Private Doctor	□Other	□None		
	□ <i>Clinic</i>	□Private Doctor	□ <i>Other</i>	□None		

WIC				
Date	Status			
	Receives	□Referred	\Box <i>Refused</i>	□Not needed
	Receives	□Referred	\Box <i>Refused</i>	□Not needed
	□Receives	□Referred	\Box <i>Refused</i>	□Not needed
	□Receives	□Referred	\Box <i>Refused</i>	□Not needed
	□Receives	□Referred	\Box <i>Refused</i>	□Not needed
	Receives	□Referred	\Box <i>Refused</i>	□Not needed

*Assessment options:{4ps, FROG, Home Safety Checklist, Intimate Partner Violence, Life Skills Progression, Other}

*Transience/Homelessness Living Situation options:{On the Street, Shelter, With Friends/Relatives}