START EARLY™
Formerly known as the Ounce of Prevention

DataPoints Participant Outcome Indicators

Participant Name:_____ **Enrollment Date:** _____

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

Family Goal Plan	
Date:	
Date:	
Date:	
Date:	
Date:	
Date:	

Birth Plan	
Date:	
Date:	

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

Education

Date:

Status ☐Academic Program ☐Other Program ☐Not Enrolled
***If* Academic** ☐K-8 ☐9th grade ☐10th grade ☐11th grade ☐12th grade ☐College ☐Grad School
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 ☐Completed Graduate ☐Completed Prof Cert/Licensure ☐Dropped out
Enrolled in ESL ☐Yes ☐No

Date:

Status ☐Academic Program ☐Other Program ☐Not Enrolled
***If* Academic** ☐K-8 ☐9th grade ☐10th grade ☐11th grade ☐12th grade ☐College ☐Grad School
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 ☐Completed Graduate ☐Completed Prof Cert/Licensure ☐Dropped out
Enrolled in ESL ☐Yes ☐No

Date:

Status ☐Academic Program ☐Other Program ☐Not Enrolled
***If* Academic** ☐K-8 ☐9th grade ☐10th grade ☐11th grade ☐12th grade ☐College ☐Grad School
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 ☐Completed Graduate ☐Completed Prof Cert/Licensure ☐Dropped out
Enrolled in ESL ☐Yes ☐No

Employment

Date	Status					
	☐Full time	☐Part time	☐Temp/seasonal	☐Not working	☐Full time student	☐On disability
	☐Full time	☐Part time	☐Temp/seasonal	☐Not working	☐Full time student	☐On disability
	☐Full time	☐Part time	☐Temp/seasonal	☐Not working	☐Full time student	☐On disability
	☐Full time	☐Part time	☐Temp/seasonal	☐Not working	☐Full time student	☐On disability
	☐Full time	☐Part time	☐Temp/seasonal	☐Not working	☐Full time student	☐On disability
	☐Full time	☐Part time	☐Temp/seasonal	☐Not working	☐Full time student	☐On disability

Transience

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	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	☐Yes ☐ No

Birth Control

Date	Status				
	☐Currently pregnant	☐Abstinent	☐Using	☐Not using	☐Declined to answer
	☐Currently pregnant	☐Abstinent	☐Using	☐Not using	☐Declined to answer
	☐Currently pregnant	☐Abstinent	☐Using	☐Not using	☐Declined to answer
	☐Currently pregnant	☐Abstinent	☐Using	☐Not using	☐Declined to answer
	☐Currently pregnant	☐Abstinent	☐Using	☐Not using	☐Declined to answer
	☐Currently pregnant	☐Abstinent	☐Using	☐Not using	☐Declined to answer

STI Prevention				
Date	***Status***			
	☐*Abstinent*	☐*Using*	☐*Not using*	☐*Declined to answer*
	☐*Abstinent*	☐*Using*	☐*Not using*	☐*Declined to answer*
	☐*Abstinent*	☐*Using*	☐*Not using*	☐*Declined to answer*
	☐*Abstinent*	☐*Using*	☐*Not using*	☐*Declined to answer*
	☐*Abstinent*	☐*Using*	☐*Not using*	☐*Declined to answer*
	☐*Abstinent*	☐*Using*	☐*Not using*	☐*Declined to answer*

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

Medical Home				
Date	***Status***			
	☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*None*
	☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*None*
	☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*None*
	☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*None*
	☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*None*
	☐*Clinic*	☐*Private Doctor*	☐*Other*	☐*None*

WIC				
Date	***Status***			
	☐*Receives*	☐*Referred*	☐*Refused*	☐*Not needed*
	☐*Receives*	☐*Referred*	☐*Refused*	☐*Not needed*
	☐*Receives*	☐*Referred*	☐*Refused*	☐*Not needed*
	☐*Receives*	☐*Referred*	☐*Refused*	☐*Not needed*
	☐*Receives*	☐*Referred*	☐*Refused*	☐*Not needed*
	☐*Receives*	☐*Referred*	☐*Refused*	☐*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}