



OunceNet Child Outcome Indicators

Child Name: _____

DOB: _____

Father Involvement						
Date:		<i>Daily</i>	<i>Weekly</i>	<i>Less than weekly</i>	<i>Never</i>	<i>Declined to answer</i>
Date:		<i>Daily</i>	<i>Weekly</i>	<i>Less than weekly</i>	<i>Never</i>	<i>Declined to answer</i>
Date:		<i>Daily</i>	<i>Weekly</i>	<i>Less than weekly</i>	<i>Never</i>	<i>Declined to answer</i>
Date:		<i>Daily</i>	<i>Weekly</i>	<i>Less than weekly</i>	<i>Never</i>	<i>Declined to answer</i>
Date:		<i>Daily</i>	<i>Weekly</i>	<i>Less than weekly</i>	<i>Never</i>	<i>Declined to answer</i>
Date:		<i>Daily</i>	<i>Weekly</i>	<i>Less than weekly</i>	<i>Never</i>	<i>Declined to answer</i>

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

Child Injuries	
<i>Date</i>	<i># of injuries requiring medical treatment (past 6 months)</i>

Well Child Visits												
Date	<i>Hearing Concern</i>		<i>Vision Concern</i>		<i>Height/Weight Measured</i>		<i>Immunizations Given</i>		<i>Provider/Medical Home</i>			
	Yes	No	Yes	No	Yes	No	Yes	No	Clinic	Private Doctor	Other	Unknown
	Yes	No	Yes	No	Yes	No	Yes	No	Clinic	Private Doctor	Other	Unknown
	Yes	No	Yes	No	Yes	No	Yes	No	Clinic	Private Doctor	Other	Unknown
	Yes	No	Yes	No	Yes	No	Yes	No	Clinic	Private Doctor	Other	Unknown
	Yes	No	Yes	No	Yes	No	Yes	No	Clinic	Private Doctor	Other	Unknown
	Yes	No	Yes	No	Yes	No	Yes	No	Clinic	Private Doctor	Other	Unknown

Child Feeding								
6 weeks	<i>Breast milk</i>		<i>Formula only</i>		<i>Breast milk and formula</i>		<i>Unknown</i>	
6 months	<i>Breast milk</i>		<i>Formula only</i>		<i>Breast milk and formula</i>		<i>Unknown</i>	
1 year	<i>Breast milk</i>	<i>Formula only</i>	<i>Breast milk & formula</i>		<i>Other milk</i>	<i>Breast milk & other milk</i>		<i>Unknown</i>
18 months	<i>Breast milk</i>	<i>Formula only</i>	<i>Breast milk & formula</i>		<i>Other milk</i>	<i>Breast milk & other milk</i>		<i>Unknown</i>
2 years	<i>Breast milk</i>	<i>Formula only</i>	<i>Breast milk & formula</i>		<i>Other milk</i>	<i>Breast milk & other milk</i>		<i>Unknown</i>

Child Care						
Date	Hours per week	Child care source				
		<i>Home based</i>	<i>Center based</i>	<i>Relative</i>	<i>Other</i>	<i>N/A</i>
		<i>Home based</i>	<i>Center based</i>	<i>Relative</i>	<i>Other</i>	<i>N/A</i>
		<i>Home based</i>	<i>Center based</i>	<i>Relative</i>	<i>Other</i>	<i>N/A</i>
		<i>Home based</i>	<i>Center based</i>	<i>Relative</i>	<i>Other</i>	<i>N/A</i>
		<i>Home based</i>	<i>Center based</i>	<i>Relative</i>	<i>Other</i>	<i>N/A</i>
		<i>Home based</i>	<i>Center based</i>	<i>Relative</i>	<i>Other</i>	<i>N/A</i>

Developmental Screening

Date:		Screen By:				
<i>Instrument</i>	Denver	Batelle	Brigance	ASQ		
	ASQ: SE	Other SE	None: child already receiving services			
<i>Result</i>	WNL	Suspect	Untestable	Rescreen pending		
<i>Disposition of Suspect</i>	Referral Made	No Action Taken	Already Receiving Services	Other		
<i>Referral Result</i>	Evaluation pending	Ineligible	Wait listed	Refused		
	Receiving services - EI	Receiving services - physician	Receiving services - other			
<i>Reason for refusal</i>	Problem accessing	Not ready to access	services not needed	symptoms due to temp situation	no reason given other	
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