Attachment A
Performance Based Early Recognition Coordination and Screening
Sample Semi Annual Report

Date of Report	☐January-June	☐July-December	Year	
Name of Agency		Contact Person		
Telephone		E-mail Address		

Briefly describe your activities in the following areas:

Stigma reduction curricula activities, social marketing activities, and program promotion activities
Networking activities with parents, primary care physicians and other community leaders
Activities with family support service providers to improve engagement of families
Activities to cultivate cooperative relationships with local primary care practices to promote screening activity and to facilitate referrals between clinics and primary care
Educational activities provided to increase community awareness of social and emotional development
Participation in existing child-serving agency networks, or facilitation of the creation of new or stronger networks.
Community outreach activities to develop effective consent strategies

The following questions relate to experiences that you feel helped you improve your practices and enhance the goals of performance based screening. These answers will be shared anonymously with other providers and are intended to promote a shared learning experience.

Describe one practice that you feel was successful and what you felt contributed to that success?
Describe on activity that you feel was not as successful and what you learned from this or would do differently?

SAMPLE