

Appendix 2

Sample FASD Screening Form Report (Ages 8–18)

Name: _____ Age: _____ Date of Screening: _____

DOB: _____ Race/Ethnicity: _____ Identification Number: _____

Referral Source: _____

Name of Child's Primary Caretaker: _____ Relationship to Child: _____

Instructions: Check all that apply and provide supporting information.

Juvenile has a previous diagnosis of an FASD

Source of Information (parent/child/record): _____

Date of diagnosis: _____ Diagnostic clinic: _____

Juvenile has a sibling who has a diagnosis of an FASD

(If more than one sibling, provide information on each)

Source of Information (parent/child/record): _____

Date of diagnosis: _____ Diagnostic clinic: _____

Juvenile has Rank 3 or 4 on the FAS Photograph Screen

Date of screening: _____

Prenatal Alcohol or Drug Exposure Confirmed

- Medical, birth, or hospital records indicate this juvenile was delivered intoxicated or with a high emergency blood alcohol level
- Documentation in a legal record Mother's self-report Reliable informant

Maternal Alcohol History-Problem Drinking Confirmed

- Birth mother's self-report her drinking more than 7 or more drinks per week or 4 or more drinks at one time in the past month)
- Juvenile's report of the birth mother's drinking or drinking-related problems
- Reliable informant (e.g., sister, social worker, spouse) report about the mother's drinking or drinking-related problems
- Mother has received treatment for alcohol or drug addiction
- Mother diagnosed with alcoholism
- Mother has had one or more driving while intoxicated violation
- Child protective report child's removal of home is alcohol-related
- Death of mother from complications of alcohol use (e.g., cirrhosis)
- Medical, birth, or hospital records indicate mother delivered a baby intoxicated or show high emergency blood alcohol levels
- Has the mother had alcohol- or drug-related job or legal problems?
- Has the mother ever sustained an injury or other alcohol-related medical problem when drinking?
- Does the mother have any alcohol-related health problems (high blood pressure, cardiac arrhythmia, enlarged liver, liver dysfunction, pancreatitis, depression, suicidal ideation, anxiety, panic attacks, sleeping problems)?

School Performance History

- Juvenile is failing math Juvenile has academic deficits Juvenile has an IEP
- Juvenile had significant behavioral problems (indicators include expulsions or suspensions)

Referral Decision

- Juvenile is not referred Juvenile referred for a diagnostic evaluation on _____ (Date)

Form completed by: _____ Date: _____

Telephone number: _____ E-mail: _____