Infant/Toddler	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number Screened	0	0	0	0	0	0	0	1	0
Number Seen									
Screener Completed By									
Primary Caregiver	0	0	0	0	0	0	0	1	0
Child	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
Sreener Declined									
Primary caregiver not present	0	0	0	0	0	0	0	0	0
Not enough time	0	0	0	0	0	0	0	0	0
Caregiver not interested	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
Assesment Risk Score									
No/Low Risk	0	0	0	0	0	0	0	1	0
Moderate Risk	0	0	0	0	0	0	0	0	0
High Risk	0	0	0	0	0	0	0	0	0
Unknown Risk	0	0	0	0	0	0	0	0	0
Signigicant Findings									
Yes	0	0	0	0	0	0	0	0	0
No	0	0	0	0	0	0	0	1	0
Referral Initiated									
Yes - To external resources	0	0	0	0	0	0	0	0	0
Yes - To internal resources	0	0	0	0	0	0	0	0	0
Yes - Already linked to resources	0	0	0	0	0	0	0	0	0
No - Resources declined	0	0	0	0	0	0	0	0	0
No - Documented referral	0	0	0	0	0	0	0	0	0
Referred To									
Parenting Classes/Groups/Playgroups	0	0	0	0	0	0	0	0	0
Home Visiting Program	0	0	0	0	0	0	0	0	0
Youth Mentoring Program	0	0	0	0	0	0	0	0	0
External Behavioral Health Services	0	0	0	0	0	0	0	0	0
Non-Behavioral Health Therapy	0	0	0	0	0	0	0	0	0
Psychiatric Services	0	0	0	0	0	0	0	0	0
Domestic Violence Services	0	0	0	0	0	0	0	0	0
Food Pantry	0	0	0	0	0	0	0	0	0
Housing Assistance	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
Referral Completed									
Yes	0	0	0	0	0	0	0	0	0
No	0	0	0	0	0	0	0	0	0
In-process	0	0	0	0	0	0	0	0	0