



**Michigan Department of Community Health  
FASD Program Grantees**

**Evaluation Report Format**

Agency:

FASD Project Name:

Project Coordinator Contact Information:

Data Reporting Period: (10/1/09 – 12/31/09; 1/1/10 – 3/31/10; 4/1/10 – 6/30/10; 7/1/10 – 9/30/10)

1. Provide a roster of current staff, including name, credentials and role.
2. Total number screened:
3. Total number at-risk/eligible for the intervention:
4. Total number participating in the intervention:
5. Complete data in attached Excel spreadsheet for clients participating in the intervention.
6. Identify 2 or 3 highlights or successes of the program in the reporting period. Please describe each briefly.
7. Describe policies that have been implemented or utilized by your program (or others) to support the continued implementation of FASD prevention, screening and/or intervention.
8. Identify any challenges encountered in the program (i.e. difficulty reaching target audience, accuracy of screening data). Please describe briefly and address any steps taken to deal with the issue(s).
9. Identify any technical assistance requests.

**Reports Due: 1/15/10; 4/15/10; 7/15/10; 10/15/10**

Submit reports to Debra Kimball, FASD State Program Coordinator, [kimballd1@michigan.gov](mailto:kimballd1@michigan.gov)  
Please send a copy of the report to your program's technical assistant, Sarah Horton Bobo, [bobos@michigan.gov](mailto:bobos@michigan.gov) or Karen Twa, [twak@michigan.gov](mailto:twak@michigan.gov)