

Service Dosage Summary Tool Guidelines

What is the purpose of the tool?

Information collected on the Service Dosage Summary form will allow FIRST 5 to measure the type of services received, the duration and frequency of services, the proportion of family goals achieved, and the level of engagement of participating children and families.

Who completes the tool?

Family Partners, Home Visitation Providers, and Therapeutic Service Providers should complete the tool for the FIRST 5 services they delivered to a child and/or family. In addition, because Parent Workshop Providers often cannot determine if a participant is involved with FIRST 5, Family Partners should complete the form on their behalf for FIRST 5 parents or guardians who complete a Parent Workshop.

When do we complete the tool?

Service Providers must document the delivery of services **every 6 months** or at the **close of services**, whichever comes first.

Item-by-Item Instructions

The next section provides item-by-item instructions and clarification of the Service Dosage Summary form.

Question	Instructions and Notes
Date: mm / dd / yyyy	Instructions: Enter the date the form was completed.
Region <input type="checkbox"/> AR (Alum Rock) <input type="checkbox"/> FM (Franklin-McKinley) <input type="checkbox"/> N (North) <input type="checkbox"/> NE (North East) <input type="checkbox"/> SC (South County) <input type="checkbox"/> SJU (San Jose Unified) <input type="checkbox"/> SE (South East) <input type="checkbox"/> SW (South West) <input type="checkbox"/> W (West)	Instructions: Mark the appropriate box indicating the region serving the participant.
Provider Name	Instructions: Enter the name of the person completing the form.
Agency Name	Instructions: Enter the name of the agency providing the service. Question Clarification: If you are a Family Partner reporting the delivery of Parent Workshop services, indicate the agency or agencies that provided the workshops (if known).
Child's <u>first</u> name	Instructions: Enter the child's first name (even if the services were delivered to the child's parent or guardian). Question Clarification: The child's complete first name (e.g., Maria Elena or Thomas) should be used, as opposed to a partial first name or nickname (e.g., Elena or Tom). If the child's first name is longer than 11 characters, enter the first 11 characters only.

Child's <u>middle</u> name	Instructions: Enter the child's middle name. Question Clarification: This question is optional and may be left blank. If the child's middle name is longer than 8 characters, enter the first 8 characters only.
Child's <u>last</u> name	Instructions: Enter the child's last name. Question Clarification: If the child uses a hyphenated last name, print both names with the hyphen. If the child uses more than one last name and it is NOT hyphenated, enter only the last name in the sequence (e.g., Julio Rodriguez Sanchez's last name would be entered as "Sanchez"). If the child's last name is longer than 13 characters, enter the first 13 characters only.
Mother's <u>first</u> name:	Instructions: Enter the first name of the child's mother. Question Clarification: Enter the child's mother's complete first name (e.g., Maria Elena or Jennifer), as opposed to a partial first name or nickname (e.g., Elena or Jen). <ul style="list-style-type: none"> ✓ If participants do not want to share the child's mother's first name or if it is not available, print "Unknown." ✓ If the child has two mothers, print the birth mother's name as indicated on the birth certificate. ✓ If the child has two fathers, print the name as indicated on the birth certificate in the Parent 1 box.
Child's date of birth: mm / dd / yyyy	Instructions: Enter the child's date of birth, including month, day, and four-digit year.
Child's zip code:	Instructions: Enter zip code of child's primary home address. Question Clarification: If a child is homeless, indicate the zip code as 99999.
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Instructions: Mark the appropriate box indicating the child's perceived gender.
Client (mark one) <ul style="list-style-type: none"> <input type="checkbox"/> Child 0 through 5 <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Family 	Instructions: Mark only one box indicating who is receiving the services from FIRST 5. Question Clarification: If more than one family member is receiving individual services, complete a form for each recipient. For example, if therapeutic services are provided to the child and to the whole family, complete one form for the child and another form for the family.
What type of service was provided? (mark one) <ul style="list-style-type: none"> <input type="checkbox"/> Family Partner Services <input type="checkbox"/> Therapeutic Services <input type="checkbox"/> Home Visitation <input type="checkbox"/> Parent Workshop 	Instructions: Mark only one box indicating the type of services the participant is receiving. Question Clarification: One form should be completed for each service area. Family Partners should work with either the parent/guardian or the workshop provider to collect dosage information about the Parent Workshop.
Duration of services: Start: mm / dd / yyyy End: mm / dd / yyyy	Instructions: Enter the date services started and ended. If the services are ongoing, enter the duration of services for which this form pertains.

<p>Frequency of services: (mark one)</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> 2-3 times a week</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> 2-3 times a month</p> <p><input type="checkbox"/> Monthly</p>	<p>Instructions: Mark only one box indicating the frequency of services.</p> <p>Question Clarification: Some participants require high intensity support (e.g., daily visits or phone calls), and others require low intensity support (e.g., weekly or monthly check-ins). Report the average frequency of services provided to the family for the time period you are reporting.</p> <p>If frequency increased or decreased substantially during the time you provided services to a participant, complete separate Service Dosage Summary forms to account for the different dosage. For example, if you began providing intensive services with a participant (e.g., daily) for about 1 month, complete a form for that period of time. If the intensity then decreased for the next 3 months (e.g., weekly), complete a separate form accounting for that dosage and duration.</p>
<p>Average session time: (mark one)</p> <p><input type="checkbox"/> 0-29 minutes <input type="checkbox"/> 30-59 minutes</p> <p><input type="checkbox"/> 60-89 minutes <input type="checkbox"/> 90-119 minutes</p> <p><input type="checkbox"/> 120+ minutes</p>	<p>Instructions: Mark only one box indicating the average session length.</p> <p>Question Clarification: Session time includes the time spent directly with the participant each time you met with him/her, either in person or on the phone. It should not include travel time.</p>
<p>Proportion of goals completed (Family Success Plan/Treatment goals): (mark one)</p> <p><input type="checkbox"/> 0% - 19% <input type="checkbox"/> 20% - 39%</p> <p><input type="checkbox"/> 40% - 59% <input type="checkbox"/> 60% - 79%</p> <p><input type="checkbox"/> 80% - 100% <input type="checkbox"/> Not applicable</p>	<p>Instructions: Mark only one box indicating the percentage of Family Success Plan/Treatment goals completed. This item is only appropriate for services with corresponding treatment or family success plans.</p> <p>Question Clarification: For participants who completed services, indicate the percentage of goals completed. For example, if a participant completed 2 out of 4 goals, indicate 40%-59%. If the participant is continuing to receive services, indicate the percentage of goals he/she completed so far. For example, if the participant has completed 1 of 4 goals and is progressing towards completing the 2nd of 4 goals, indicate 20%- 39%.</p>
<p>Engagement: (mark one)</p> <p><input type="checkbox"/> Very low and sporadic: Enrolled and completed initial visit, but involvement was sporadic.</p> <p><input type="checkbox"/> Low but consistent: Kept appointments and steady involvement, with some motivation displayed.</p> <p><input type="checkbox"/> Average/active: Active involvement in services. Attention paid to provider (and other family members as relevant). Engaged in discussion, responded to questions, and asked for advice.</p> <p><input type="checkbox"/> High/homework completed: Used program information and ideas between sessions.</p> <p><input type="checkbox"/> Very high/reaching beyond program: Sought information about or support for issues beyond service provision (e.g., attended support group).</p> <p><input type="checkbox"/> Not applicable</p>	<p>Instructions: Mark only one box indicating the participant's level of engagement (as perceived by you, the service provider).</p> <p>Question Clarification: Participant's engagement levels will vary. Report the average level of engagement of the participant for the time period you are reporting.</p>