

Code Sheet Used in Data Collection and Data Entry

Name of Project, Pilot or Research	Telephone Number: (904) 620-2496	Fax Number: (904) 620-2454		
Project Director/Coordinator: Dr. Cheryl Fountain	Email Address: fountain@unf.edu	URL: www.unf.edu/dept/ellm		
Address of Project Director/Coordinator: 12000 Alumni Drive Jacksonville, FL 32224				
Indicate target population(s):				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Abandoned/no guardian <input type="checkbox"/> Abnormal neonatal respiration <input type="checkbox"/> Abused/neglected child <input type="checkbox"/> Abused/neglected parent or family member <input type="checkbox"/> Affective disturbances <input type="checkbox"/> AIDS/HIV+ <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Attention deficit disorder/hyperactivity <input type="checkbox"/> Autistic <input type="checkbox"/> Bacterial infections <input type="checkbox"/> Bone marrow transplantation <input type="checkbox"/> Cancer <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Children of working parents <input type="checkbox"/> Chronically-ill infant/child <input type="checkbox"/> Chronically-ill parent <input type="checkbox"/> Developmentally delayed infant/child <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug-exposed infant/child <input type="checkbox"/> Drug-exposed parent <input type="checkbox"/> Dual sensory impaired (deaf and blind) <input type="checkbox"/> Educable mentally handicapped <input type="checkbox"/> Emotionally handicapped <input type="checkbox"/> Epilepsy <input type="checkbox"/> Fetal alcohol syndrome <input type="checkbox"/> Foster child <input type="checkbox"/> Genetic disorder <input type="checkbox"/> Hearing impaired/Hard of hearing <input type="checkbox"/> Homeless family <input type="checkbox"/> Hypertension <input type="checkbox"/> Infant mortality <input type="checkbox"/> Learning disabilities </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Low birth weight <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Maternal depression <input type="checkbox"/> Memory deficit <input type="checkbox"/> Mentally handicapped infant/child <input type="checkbox"/> Mentally handicapped parent <input type="checkbox"/> Metabolic disorder <input type="checkbox"/> Migrant family <input type="checkbox"/> Nephropathy <input type="checkbox"/> Nervous system disorder <input type="checkbox"/> Neurological disorder <input type="checkbox"/> Nutritional deficiencies <input type="checkbox"/> Pervasive developmental disorder <input checked="" type="checkbox"/> Phonological problems <input type="checkbox"/> Physically impaired child <input type="checkbox"/> Poison/toxin exposed child <input checked="" type="checkbox"/> Poverty <input type="checkbox"/> Pregnancy complications <input type="checkbox"/> Profoundly mentally handicapped <input type="checkbox"/> Respiratory disorders <input type="checkbox"/> Seriously emotionally disturbed <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Speech/language impaired child <input type="checkbox"/> Spina bifida <input type="checkbox"/> Substance abuse by family members <input type="checkbox"/> Sudden infant death syndrome <input type="checkbox"/> Technically dependent/medically fragile <input type="checkbox"/> Teen mother <input type="checkbox"/> Trainable mentally handicapped <input type="checkbox"/> Turner syndrome <input type="checkbox"/> Visually impaired/blindness <input type="checkbox"/> OTHER: _____ </td> </tr> </table>			<input type="checkbox"/> Abandoned/no guardian <input type="checkbox"/> Abnormal neonatal respiration <input type="checkbox"/> Abused/neglected child <input type="checkbox"/> Abused/neglected parent or family member <input type="checkbox"/> Affective disturbances <input type="checkbox"/> AIDS/HIV+ <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Attention deficit disorder/hyperactivity <input type="checkbox"/> Autistic <input type="checkbox"/> Bacterial infections <input type="checkbox"/> Bone marrow transplantation <input type="checkbox"/> Cancer <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Children of working parents <input type="checkbox"/> Chronically-ill infant/child <input type="checkbox"/> Chronically-ill parent <input type="checkbox"/> Developmentally delayed infant/child <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug-exposed infant/child <input type="checkbox"/> Drug-exposed parent <input type="checkbox"/> Dual sensory impaired (deaf and blind) <input type="checkbox"/> Educable mentally handicapped <input type="checkbox"/> Emotionally handicapped <input type="checkbox"/> Epilepsy <input type="checkbox"/> Fetal alcohol syndrome <input type="checkbox"/> Foster child <input type="checkbox"/> Genetic disorder <input type="checkbox"/> Hearing impaired/Hard of hearing <input type="checkbox"/> Homeless family <input type="checkbox"/> Hypertension <input type="checkbox"/> Infant mortality <input type="checkbox"/> Learning disabilities	<input type="checkbox"/> Low birth weight <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Maternal depression <input type="checkbox"/> Memory deficit <input type="checkbox"/> Mentally handicapped infant/child <input type="checkbox"/> Mentally handicapped parent <input type="checkbox"/> Metabolic disorder <input type="checkbox"/> Migrant family <input type="checkbox"/> Nephropathy <input type="checkbox"/> Nervous system disorder <input type="checkbox"/> Neurological disorder <input type="checkbox"/> Nutritional deficiencies <input type="checkbox"/> Pervasive developmental disorder <input checked="" type="checkbox"/> Phonological problems <input type="checkbox"/> Physically impaired child <input type="checkbox"/> Poison/toxin exposed child <input checked="" type="checkbox"/> Poverty <input type="checkbox"/> Pregnancy complications <input type="checkbox"/> Profoundly mentally handicapped <input type="checkbox"/> Respiratory disorders <input type="checkbox"/> Seriously emotionally disturbed <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Speech/language impaired child <input type="checkbox"/> Spina bifida <input type="checkbox"/> Substance abuse by family members <input type="checkbox"/> Sudden infant death syndrome <input type="checkbox"/> Technically dependent/medically fragile <input type="checkbox"/> Teen mother <input type="checkbox"/> Trainable mentally handicapped <input type="checkbox"/> Turner syndrome <input type="checkbox"/> Visually impaired/blindness <input type="checkbox"/> OTHER: _____
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Please complete the items below that apply to your program.

<p>Indicate age(s) of children served:</p> <input type="checkbox"/> prenatal/postnatal care <input type="checkbox"/> newborn to 1-year-old <input type="checkbox"/> 1-to-2 year-olds <input type="checkbox"/> 2-to-3 year-olds <input type="checkbox"/> 3-to-4 year-olds <input type="checkbox"/> 4-to-5 year-olds <input type="checkbox"/> 5+ <p>*If the project or research continues for the child or family after the child reaches the age of 5, please indicate the age at which it is discontinued: _____</p>	<p>Indicate all sources of funding:</p> <input type="checkbox"/> Private _____ <input type="checkbox"/> Local _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Federal _____ <input type="checkbox"/> Other _____	<p>List counties in which the project is located or where the research is being conducted:</p> <input type="checkbox"/> <u> </u> Duval _____ <input type="checkbox"/> <u> </u> Collier _____ <input type="checkbox"/> <u> </u> Miami / Dade _____ <input type="checkbox"/> <u> </u> Citrus _____ <input type="checkbox"/> Statewide
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Indicate as many categories of need that are addressed and at what levels they are addressed.

	INFANT	FAMILY	COMMUNITY	POLICY/ADMIN/MGMT
Medical				
Social				
Psychological				
Emotional				
Financial/economic				
Educational				
Other (specify)				

Summary - Please attach the following: (1) a delineation of services offered; (2) services evaluated (if program is research-based); (3) services being tested or researched; (4) other issues being researched; (5) purpose of project (e.g., goal, desired outcome, intent, etc.); and (6) issues project is addressing/researching. Also indicate any cooperative efforts in which the project, researcher, or expert is involved.

PLEASE RETURN THIS COMPLETED FORM TO:

Institute for At-Risk Infants, Children, Youth & Their Families
 College of Education • University of South Florida
 4202 E. Fowler Ave., FAO199
 Tampa, FL 33620
 (813) 974-5132 Fax
 (813) 974-3700 Voice