



Technical Assistance Request Form

We appreciate your passion for serving the children of Louisiana and thank you for your interest in the developmental screening technical assistance project! Please complete the checklist below to let us know how we can best serve your clinic's needs.

Participating practices will receive:

1. Louisiana Developmental Screening Guidelines Resource Packet

- Sample of suggested instruments including scoring instructions and referral tip-sheets
- Parent developmental screening handout, CDC developmental milestone resource, and VROOM flyer
- Region 4 Resource Guide

2. Care Coordination Tools

- CSHS Care Coordination Toolkit – *includes state and national care coordination tools
- CSHS Resource Catalogue – includes area specific resources, reference documents, and form letters
- Care Coordination Communication Assessment PDSA Tool

SECTION I: Tell us about your clinic or practice.

- a. **Clinic:** _____
- b. **Practice Owner:** _____
- c. **Clinic Location:** _____
- d. **Number of patients served annually?** _____
- e. **EHR System:** _____
- f. **TA target start date:** _____
- g. **Does your practice currently use any parent reported screeners?** _____

If yes, what domains?

- | | |
|--|--|
| <input type="checkbox"/> General Development | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Social Emotional | <input type="checkbox"/> Parental Well-being |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other _____ |

Check (☐) type and fill in number of each clinic staff.

- | | |
|--|---|
| <input type="checkbox"/> Physician(s) _____ | <input type="checkbox"/> Receptionist _____ |
| <input type="checkbox"/> LPN _____ | <input type="checkbox"/> Care Coordinator _____ |
| <input type="checkbox"/> NP/PA _____ | <input type="checkbox"/> Social Worker _____ |
| <input type="checkbox"/> Practice Manager _____ | <input type="checkbox"/> RN _____ |
| <input type="checkbox"/> Medical Assistant _____ | <input type="checkbox"/> Other _____ |

Form continues on back.



Technical Assistance Request Form

SECTION II: Please check off the items of interest.

Onsite or Webcast Staff Trainings (~30 minutes long)

- Developmental Screening
- Louisiana Developmental Screening Guidelines
- Care Coordination and Community Referrals
- Quality Improvement (Plan-Do-Study-Act Cycles)

Screening instrument Trainings Webcast (~ 15 minutes long)

- Developmental Milestones
 - Autism
 - Social/ Emotional Well-Being
 - Environmental & Parent Well-Being

 - Implement new Parent Report screener

 - Clinic workflow process map/ develop workflow plan

 - Draft a clinic screening policy

 - Care Coordination/ Communication Assessment

 - Implement or update care coordination services

 - CSHS resource mail-out

 - Create a clinic Resource Library (requires large file bin or large drawer)

 - Special Interest (please describe) _____
-

Free implementation support for developmental screening and care coordination services including staff training and referral resources are available through the Bureau of Family Health. Each practice develops a personalized project plan. Project scope is determined by the clinic. ***All clinic assessments are confidential and for internal practice use only.***

Please e-mail this completed form to [cshsprogram.la.gov](mailto:cshsprogram@la.gov) to the attention of the Developmental Screening Coordinator.