

**MANAGING THEIR CHILDREN'S SCHOOLING: PERSPECTIVES OF
CAREGIVERS OF ELEMENTARY SCHOOL AGED CHILDREN
WITH FASD**

Inclusion Criteria Checklist for Initial Screening

The following criteria will be reviewed with participants who contact the researcher to express an interest in participating in the study. If they meet the criteria and express an interest in taking part after discussing the study on the phone with the investigator, a copy of the consent form will be send and a meeting time and location will be set. Note one checklist will be completed for each potential participant.

Date of Phone Screening: _____

Criteria	Yes	No
Are you the primary caregiver of a child who was exposed prenatally to alcohol? <i>Primary caregiver for the purposes of this study means- biological parents, long-term fosterparents, adoptive parents, and other long-term adult caregivers</i>		
Was the child in your care prenatally exposed to alcohol to best of your knowledge?		
Has this child been in your care for at least one year?		
Is the child in your care elementary age?		
Is English a primary language or a language in which you have conversational proficiency (can take part in interviews without the use of a translator)?		

_____ Yes, the participant meets the inclusion criteria

_____ Yes, the participant is interested in taking part in the study

_____ If yes, name and contact information of the participant

_____ If yes, check to indicate a consent form and an information letter has been sent in advance of the initial meeting

_____ If yes, date, time, and location of initial meeting:

Date: _____

Time: _____

Location: _____