

MAP Home Visting Referrals Outcomes Report Form

Return to:

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Grantee Name(s):

County:

Questions:

1. How many students in your did you identify as having a current asthma diagnosis?
2. How many students were assessed for asthma control (i.e. Asthma Control Test and ED visit in the last year)?
3. How many students were identified as having uncontrolled asthma?
4. Describe how you were able to identify and contact students with asthma. What were the successes and challenges that you experienced in recruiting participants?
5. For students with uncontrolled asthma, how were parents contacted and informed about the MAP?

