



LSP DATA SUMMARY

Home Visitor: _____ Date of LSP: _____

PARENT Information – PERSIMMONY LSP ASSESSMENT SCREEN

(Must be completed for ALL home visitation families within 1 month of enrollment in program and at 6-9 month intervals thereafter until program exit.)

Persimmony ID: _____ Last Name _____ First Name: _____

Point of Administration: _____ First LSP _____ Follow Up LSP _____ Exiting LSP

Scale	Score	Scale	Score	Scale	Score
1. Family		12. Language		24. Subs. Abuse	
2. BF, FOB, Spouse		13. Educ. < 12 yrs		25. Tobacco	
3. Friends		14. Education		26. Depression	
4. Attitude to Preg.		15. Employment		27. Mental Illness	
5. Nurturing		16. Immigration		28. Self Esteem	
6. Discipline		17. Prenatal Care		29. Cog. Ability	
7. Development		18. Sick care		30. Housing	
8. Safety		19. Fam Planning		31. Food	
9. Rel. w HV		20. Well Care		32. Transportation	
10. Use of Info.		21. Sick Care		33. Health Ins.	
11. Use of Res.		22. Child Dental		34. Income	
		23. Immunizations		35. Child Care	

Child 1 Name:	Score	Child 2 Name:	Score
36. Communication		36. Communication	
37. Gross Motor		37. Gross Motor	
38. Fine Motor		38. Fine Motor	
39. Problem Solving		39. Problem Solving	
40. Personal/Social		40. Personal/Social	
41. Social Emotional		41. Social Emotional	
42. Regulation		42. Regulation	
43. Breastfeeding		43. Breastfeeding	