Level 3 Engagement Checklist



Dractica Nama:	OWA Department of PUBLIC HEALTH
Steps	
 Confirm meeting date & time at least one week prior Via email / phone touch base If not viable – re-scheduled date: 	
 □ Send out the agenda the week of the scheduled meeting • Via email / In-Person (ahead of virtual engagement 	or in-person engagement)
 Materials to bring (in-person or ahead of virtual engagement) / Copies of the 1st Five Referral Form Upcoming CME/CEU educational or training events (focused on supporting the birth to 5 population) 1st Five brochures (color) Site Coordinator business cards/contact information 	of interest to the practice
 O 3 O t sustainability of screening of screening protocols & referration of the screening protocols & referration of the screening occurring as recommended? A contract of the screening occurring as recommended? A contract of the screening of the screening as recommended? A contract of the screening occurring of the screening occurring as recommended? A contract occurring as recommended. 	I processes Are there challenges/barriers? rrals? reening process? upcoming) and determine how 1st Five thin that clinic process ady implementing the ASQ)

 \square Confirm next check-in (quarterly/semi-annual) depending on practice needs

