SERVICEPOINT DATA ELEMENTS in SUN SCHOOL ART REPORTS

1. **Attendance History**

2. **Attendance Sheets**

3. **Confirmation Letters**

4. **Contact Information**

5. **Daily Count for Nutrition**

6. **Daily Dismissal**

7. **Generic Partner Report**

8. **Master Site Roster**

9. **Missing Data Report**

10. **Name Tags**

11. **SUN CS Progress Report**

12. **Waitlisted Students**

CLIENT PROFILE

Updated 3.25.16

Answer the Questions Below for ALL Participants

Date of Birth	__ / __ / __
Gender	-Select-
If Other Gender, specify	
Primary Language	-Select-
Primary Language - Other (must specify)	

7, 8, 9, 11

🔍 **Inclusive Identity (Race/Ethnicity/Origin)**

Start Date*	Please add all that apply (Race/Ethnicity/Origin):
Add	

Answer the Questions Below for ALL STUDENTS

SSID Number	
Risk Factor(s)? (Y/N)	-Select-	**8, 9, 11**
Release granted by parent?	-Select-
Release Year	-Select-

3, 7, 8, 9, 11

Answer the Questions Below for All EKT STUDENTS

In the past year, was child involved in any of these programs?

Did child attend Head Start?	-Select-
If yes, what was the name of the Head Start?	
Did child attend preschool or kindergarten?	-Select-
If yes, what was the name of the school?	
Child is receiving special education services	-Select-

9 (and other EKT-specific reports)

The questions below are OPTIONAL, but can greatly enhance SUN School reports

Additional Client Identification

Parent 1	
Parent 2	
Photo Release?	-Select-	**2, 7, 8**
Agency Client ID		**Certain custom reports for agencies**
Synergy Number (For optional use only)		**8**

School Information

Enrollment Status	-Select-	**9**
Current Grade Level	-Select-	**2, 3, 4, 6, 7, 8, 11, 12**
Teacher/Counselor		**3, 8, 10, 12**
Other	

Contact Information

Primary Contact Name	
Primary Contact Phone		**3, 4, 6, 7, 8, 12**
Primary Contact Phone Desc		**4**
Email Address		**4, 8**
Street Address	
Street Address (Additional)	
City		**4, 7**
State	-Select-
Zip Code	

🔍 **Contact Phone Numbers** **4**

Contact Name	Phone Number	Phone Desc	Start Date*
Add			

🔍 **Contacts (Emergency and Other)** **4**

Emergency Contact	Contact's Name	Contact ROI Expiration	Contact's City	Phone Number	Second Phone Number	Relationship to Client
Add						

Transportation Information

Primary Method of Transportation	-Select-	**2, 3, 6, 8, 10**
Secondary Method of Transportation	-Select-	**2, 3, 6, 8**
Bus Number		**6**
Bus Stop	
Authorized Pick-Up		**2, 3, 6, 8**

Special Considerations

Medical Notes **8**	
Other Issues **8, 9**	

OPTIONAL Risk Factor Details

🔍 **Risk Factor Type**

Entry Date*	Risk Factor
Add	

ACTIVITYPOINT DATA ELEMENTS in SUN SCHOOL ART REPORTS

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ACTIVITYPOINT

Activity Info

Provider	Multnomah County - SP (2206)	
Name *		**1, 2, 3, 6, 7, 8, 10, 11, 12**
Activity Type *	○ Local ○ Public	
Ages *	___ - ___	
Time Offered *	-Select-	**2, 3, 6, 7**
Frequency *	-Select-	
Recurring Weekly Schedule	☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday	**2, 3**
Start Date *	__ / __ / __	**1, 3, 6, 7, 11, 12**
End Date *	__ / __ / __	**3, 7, 11, 12**
Start Time *	3 : 00 PM	**2, 3, 6, 7, 8, 10, 11**
End Time *	4 : 30 PM	**3, 7, 11**
Teacher		
Location		**2, 3**
Enrollment Type *	○ Open ○ Conditional ○ Non-Enrollment	
Max Enrollment *		
Category *	-Select-	**11**
Assign Service *	○ Yes ○ No	

Subject

	-Select- [Add Subject]
Subject Name	No matches.

Target Participant Groups

	-Select- [Add Target Participant Group]
Target Participant Group **3, 4, 5, 6, 7, 8, 10, 11**	No matches.

Partners (Activity Sponsors)

	[Add Partner]
Partner/Activity Sponsor	No matches.

[Save] [Save & Exit] [Exit]