

Parent Recruitment FY 26-27		Services	Dosage and Delivery			Notes (Optional)
How did the participant learn about this program?	Recruitment Other Text	Did this parent receive support from a certified IBCLC or CLC to support their feeding of their child?	Number of Sessions This FY	Number of Sessions from past FYs	Indicate the Delivery Mode of Sessions	Optional Notes
parent_recruit_2627.rec	parent_recruit_2627.rec	services.did_this_paren	dosage_and_delivery.n	dosage_and_delivery.n	dosage_and_delivery.ir	notes.optional_notes
Data Entry Type: Word of mouth Social Media Referral from Community Partner Traditional Media Outreach Event Child Care Center Flyer Website Other: text input for description in the next field. Select only one. Traditional Media typically includes TV, Radio, Newspaper.	Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.	Data Type: Drop Down Yes No	Data Type: Whole Number, Max of 104 Please indicate the total number of sessions attended by the participant <u>during</u> this FY. Depending on the model, this could be homevisits, seminars, group meetings, etc.	Data Type: Whole Number, Max of 500 How many sessions did the participant attend in previous FYs (before July 1 of this FY), if they were part of the program in a previous FY? If they were not part of the program previously, please indicate 0-zero in this column. If you do not know if they participated previous please leave blank and add a note in that column to explain.	Data Entry Type: Drop Down, Only Virtual Only In-Person Hybrid (a mix of in-person and virtual sessions)	Data Entry Type: Text.