

Triple P Encounter Tracking Form

Use this form to document ALL Triple P interventions EXCEPT Level 2 Seminars and Level 3 Discussion Groups. The table on the second page allows you to document each session of an intervention.

***required fields**

*Name of Triple P Provider _____ *Agency/Program _____

Client referred to me from (if applicable): _____

Was client referred by you to other Triple P services? Yes No If yes, what level? _____ Which provider/agency? _____

***TYPE OF TRIPLE P SERVICE (check one)**

- Level 2 Brief Primary Care Level 3 Primary Care Level 3 PC Stepping Stones Level 4 Group Level 4 Standard
 Level 5 Enhanced Level 5 Pathways

PARENT INFORMATION

*Zip Code _____ Gender M / F

Race/Ethnicity White African American Hispanic Asian Other Don't Know

*Relationship to Child(ren) _____ Total Number of People Living in Household _____

CHILD INFORMATION

*Age 1. _____ Gender M / F *Age 2. _____ Gender M / F *Age 3. _____ Gender M / F

***Household Type** (check all that apply)

- Single Parent 2 Parent (Married) 2 Parent (Not Married) Non-parent relative Foster care Other

Are the children currently living in the household with the parent? Y / N

Client Code (to be filled out by parent)

_ _ _	_ _	_ _	_ _ _ _
First three letters of parent's first name	First two letters of parent's last name	Parent's birth month (ex. July = 07)	Oldest child's birthday (ex. July 8 th = 0708)

¹Enter the number corresponding to the race/ethnicity 1=White 2=African American 3=Hispanic 4=Asian 5=Other/Don't Know

