TRIPLE P DISCUSSION GROUP ATTENDANCE

Discussion Group Title (check one): ☐ Dealing with Disobedience ☐ Managing Fighting and Aggression
☐ Developing Good Bedtime Routines ☐ Hassle-Free Shopping with Children

Date _____ Location_____ Facilitator(s)_____

Received Triple P Services before?	# of Children in Household	Age(s) of Children	Your Zip Code	Your Gender (M/F)	Client Code										
					First 3 letters of your first name			First 2 letters of your last name		Your birth month (Ex: July = 07)		Oldest child's birthdate (Ex: July 8th = 0708)			
Yes No															
Yes No															
Yes No															
Yes No															
Yes No															
Yes No															
Yes No															
Yes No															
Yes No															
Yes No															
Yes No															