TRIPLE P SEMINAR ATTENDANCE

Seminar Title (check one): ☐ The Power of Positive Parenting ☐ Confident, Competent Children ☐ Raising Resilient 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 (using numbers) Ex. July = 0 7		Your oldest child's birthdate (month/date – using numbers) Ex. June 8 = 0 6 0 8			
Yes No															
Yes No															
Yes No															
Yes No															
Yes No															
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