

Western NC Region Positive Parenting Program LEVEL 3 DISCUSSION GROUP Sign-in Sheet



County: _____

Topic: Shopping Fighting & aggression Bedtime Routines Disobedience Other _____

Venue _____ Date _____

Facilitator _____

Caregiver Name (First, Last)	How many children in your home?	Age(s) of Child(ren)	Other Caregivers here today that care for the same children?	If Yes, name(s) of other Caregivers here today	How did you hear about Triple P?

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