

CCR

Western NC Region Positive Parenting Program Level 3 Primary Care Caregiver Contact Record



*(Please maintain one form per family to track multiple sessions/contacts with that family. **If caregiver terminates, moves, etc., please indicate that the intervention has been terminated early, but DO STILL TURN IT IN to Triple P Coordinator).***

Practitioner Name & Agency _____

Caregiver Name(s): _____ County: _____

Relationship to child: _____ # Children in home _____ Age(s) of Child(ren) _____

DATE	WHO ATTENDED	BRIEF DESCRIPTION OF ACTIVITIES	APPROXIMATE TIME SPENT
<i>Ex: 8/31/2013</i>	<i>Ex: client, father, grandmother</i>	<i>Ex: Sess 1: Intake interview, reviewed monitoring forms, agreed to monitor tantrums for 1 week with behav. diary.</i>	<i>35 minutes</i>

PRACTITIONER completes one form for each family, to be sent to BC Triple P with completed family evaluation packet.

