

Triple P- Level 2 Data Sheet

Provider Name:	Date:
Parent/Caregiver Information	
Parent Name (for internal use only):	
Parent Zip Code:	City:
Is parent in homeless shelter: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/AA <input type="checkbox"/> Native Hawaiian/Other Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Other:	
Parent Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
Family Meets Criteria for Poverty: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Information:	
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/AA <input type="checkbox"/> Native Hawaiian/Other Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Other:	
Child Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
Does Child Receive Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Disability Status:	
Child has a IEP or IFSP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
Chronic Illness/Medical Condition : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
Diagnosed Mental Health Condition: : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
Tip Sheet/Note	
Tip Sheet Selected: <small>Click or tap here to enter text.</small>	
Note/if applicable (For Internal Use Only): <small>Click or tap here to enter text.</small>	
Session I- Content Checklist	
<input type="checkbox"/> Introduction and Assessment <i>(What is Triple P & exploring child's behaviors)</i>	
<input type="checkbox"/> Introduced a Parenting Plan from TIP Sheet <i>(Selecting TIP Sheet and reviewing it)</i>	
<input type="checkbox"/> Goal Setting <i>(Parent setting goal from the TIP Sheet)</i>	
<input type="checkbox"/> Session Close <i>(Reviewing goal and time to follow-up on outcome)</i>	
Session II- Content Checklist (Can be a 5-10 minute phone call)	
<input type="checkbox"/> Agenda <i>(ex. "I'm calling to check-in regarding your goal from the Tip Sheet")</i>	
<input type="checkbox"/> Update on progress <i>(Review progress with parent on their goal, what worked, what didn't, normalize)</i>	
<input type="checkbox"/> Referral or <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Session Close <i>(ex. "Great Job". Reminder many strategies on Tip Sheets can be generalized to other child behaviors.</i>	
Closure	
Date of Triple P Intervention Closure:	
Services were provided: (check one)	
<input type="checkbox"/> In English <input type="checkbox"/> In Spanish, with a Spanish-speaking provider <input type="checkbox"/> In Spanish, with an interpreter	
Outcome of the Triple P service: (check one)	
<input type="checkbox"/> Completed satisfactorily*	
<input type="checkbox"/> Not completed: family terminated services from agency & not continued	
<input type="checkbox"/> Not completed: family terminated Triple P service but continued other services at agency	
<input type="checkbox"/> Not completed: family left the area and could no longer participate in Triple P service	
<input type="checkbox"/> Not completed: other reason :	