Date:



Triple P Referral Form

Read to Participant

In order for us to help determine which parenting service would best suit your needs, we will be asking some personal information. These questions can help us pinpoint different levels of intervention so we can best assist you on your parenting journey. Even with our recommendation after this questionnaire you can participate in any course as long as you meet the program guidelines.

Parent/Child Information				
Name:	Name:		Phone Number:	
Name/Age of Child(ren):		Residence Location:		
Presenting Problem/Challenge:				
Living Situation/Custody				
How much access do you have with your kids?				
Full T	ime	Part-Time	Varies	No Contact
Other Comments:				
Referral Stream				
Are you mandated to take a parenting class? *If yes, needs level 4 class or higher*			Yes	No
Have you taken a Triple P class before?			Yes	No
How long ago? Which?				
Triple P Courses				
•		entations in the community: The Power of Positive nfident, Competent Children, and Raising Resilient		
m □ Prim	Primary 0-12 Individual sessions with a Triple P Provider on a specific parentin challenge/behavior.		ecific parenting	
□ 0-12		Group or individual course for parents with children ages 18 months to 12 years who want to learn strategies to use in their parenting.		
☐ 0-12		Group course for parents who want to learn strategies for parenting a child with a developmental disability.		
☐ Teen	1	Group or Individual course for parents of teens who want to learn strategies to parent their teens.		
☐ Path	ways	Group or individual course for participants that need support and strategies for managing anger and stress when parenting.		
	tyles	Group course for participants who want to learn strategies to promote a healthier lifestyle for their children and themselves.		

Comments: