

Partners in Prevention Fund
CATCH My Breath Attendance Record and Survey Identifiers
(Updated August 2021)

Organization: _____ **Program Code:** _____
Program Dates: _____ **Program Location:** _____

The following chart is intended to allow for ease of attendance tracking, survey administration, and demographic data collection. The form will allow survey data to be analyzed at the individual and family level. Enter registrants' names to assign a survey number. Attach additional sheets if needed.

Survey Number	Check Each Session Attended	Check If 3+ Sessions Are Attended	Check the Surveys Administered	Needs Assessment Conducted and Referrals Made
1A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended <input type="checkbox"/> 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p align="center">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
2A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended <input type="checkbox"/> 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p align="center">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
3A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended <input type="checkbox"/> 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p align="center">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
4A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended <input type="checkbox"/> 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p align="center">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____

Survey Number	Check Each Session Attended	Check If 3+ Sessions Are Attended	Check the Surveys Administered	Needs Assessment Conducted and Referrals Made
5A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: center;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
6A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: center;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
7A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: center;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
8A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: center;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
9A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: center;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
10A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: center;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____

Survey Number	Check Each Session Attended	Check If 3+ Sessions Are Attended	Check the Surveys Administered	Needs Assessment Conducted and Referrals Made
11A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
12A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
13A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
14A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
15A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
16A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____

Survey Number	Check Each Session Attended	Check If 3+ Sessions Are Attended	Check the Surveys Administered	Needs Assessment Conducted and Referrals Made
17A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
18A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
19A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
20A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
21A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____
22A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Attended 3+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	<p style="text-align: right;">Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Type(s) of Referral Made:</p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____