

## Partners in Prevention Fund Making Proud Choices 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 7+ Sessions Are Attended                | Check the Surveys Administered  | Needs Assessment Conducted and Referrals Made  |
|---------------|--|--|---|--|
| <b>1A</b>     | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |
| <b>2A</b>     | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |
| <b>3A</b>     | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |
| <b>4A</b>     | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |
| <b>5A</b>     | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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 7+ Sessions Are Attended                | Check the Surveys Administered  | Needs Assessment Conducted and Referrals Made  |
|---------------|--|--|---|--|
| 6A            | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |
| 11A           | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p style="text-align: center;"><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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 7+ Sessions Are Attended                | Check the Surveys Administered  | Needs Assessment Conducted and Referrals Made  |
|---------------|--|--|---|--|
| 13A           | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |
| 17A           | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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 7+ Sessions Are Attended                | Check the Surveys Administered  | Needs Assessment Conducted and Referrals Made  |
|---------------|--|--|---|--|
| 20A           | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><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<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |
| 23A           | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |
| 24A           | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |
| 25A           | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |
| 26A           | <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6<br><input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> Attended<br>7+ sessions | <input type="checkbox"/> Pre-test<br><input type="checkbox"/> Post-test | <p><b>Needs Assessment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Type(s) of Referral Made:</b></p> <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Legal<br><input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____ |