

Partners in Prevention Fund SFP 10-14 Attendance Record and Survey Identifiers

(Updated August 2021)

Program Code: _____

Grantee: _____

Dates of 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, group, and family level. Enter registrants' names to assign a survey number. Please note that the primary caregivers attending should be listed as the parent/caregivers (A and/or B). If more adults participate within a family, they should be listed as an Other Adult Attendee (F). Also, only youth program participants should be listed on this form, not siblings in childcare. Attach additional sheets if needed.

Survey Number	Participants	Check Each Session Attended	Check If 6 or More Sessions Are Attended	Check the Surveys Administered	Needs Assessment Conducted and Referrals Made
Family 1					
1A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
1B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
1C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
1D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
1E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
1F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 2					
2A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
2B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
2C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
2D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
2E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
2F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 3					
3A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
3B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
3C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
3D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
3E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
3F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	

Survey Number	Participants	Check Each Session Attended	Check If 6 or More Sessions Are Attended	Check the Surveys Administered	Needs Assessment Conducted and Referrals Made
Family 4					
4A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
4B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
4C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
4D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
4E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
4F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 5					
5A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
5B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
5C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
5D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
5E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
5F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 6					
6A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
6B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
6C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
6D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
6E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
6F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 7					
7A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
7B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
7C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
7D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
7E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
7F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	

Survey Number	Participants	Check Each Session Attended	Check If 6 or More Sessions Are Attended	Check the Surveys Administered	Needs Assessment Conducted and Referrals Made
Family 8					
8A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
8B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
8C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
8D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
8E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
8F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 9					
9A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
9B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
9C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
9D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
9E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
9F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 10					
10A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
10B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
10C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
10D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
10E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
10F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 11					
11A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
11B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
11C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
11D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
11E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
11F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	

Survey Number	Participants	Check Each Session Attended	Check If 6 or More Sessions Are Attended	Check the Surveys Administered	Needs Assessment Conducted and Referrals Made
Family 12					
12A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
12B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
12C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
12D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
12E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
12F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 13					
13A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
13B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
13C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
13D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
13E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
13F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 14					
14A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
14B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
14C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
14D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
14E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
14F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
Family 15					
15A	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Needs Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of Referral Made: <input type="checkbox"/> Basic Needs <input type="checkbox"/> Clinical Care <input type="checkbox"/> Protection <input type="checkbox"/> Vulnerable Populations <input type="checkbox"/> Trainings <input type="checkbox"/> Educational Supports <input type="checkbox"/> Case Management <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____
15B	Parent/Caregiver	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
15C	Youth 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
15D	Youth 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
15E	Youth 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	
15F	Other Adult Attendee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Attended 6+ sessions	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	