



SNAP® CLIENT CONTACT NOTE

NAME: _____ ID #: _____

SESSION #: _____ DATE: _____

LENGTH OF SESSION: _____

PRESENT:

METHOD:

- Telephone call (client) Telephone call (other) _____
 Home session Office session
 Other _____

TYPE OF MEETING:

- Child Session Parent/Family Session
 External meeting (client present) External meeting (client absent)
 Other _____

KEY ISSUES DISCUSSED:

KEY SNAP® or SNAPP STRATEGIES REVIEWED:

FOLLOW-UP and/or PLAN:

CLIENT FEEDBACK REGARDING THE SESSION:

SNAP® WORKER SIGNATURE:
