



**SNAP® CLIENT GROUP REMINDER TELEPHONE LOG –
PARENT/CAREGIVER
“WEEKLY GROUP REMINDER”**

NAME: _____ ID #: _____

Child’s name: _____

Note: Remember this is your opportunity to check in with the parent/caregiver about issues that may need to be discussed and to talk about any instrumental issues that may impact their ability to get to group. This prompt call also allows for linkages to be made about topics discussed at the previous parent group session and the top of the week. It also provides the SNAP® worker with a brief check-in how things have gone during the week. Reminder: A *Client Contact Note* should be written if more than the group attendance or important information is shared or discussed.

SNAP® Parent/Caregiver Group

Session	Title of Session	Call Made Date	Message	Talk to	Worker
				P/CG	Initials
<i>Other/Notes</i>					
Session 1	SNAP® Parenting (SNAPP) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 2	Hard Thoughts/Cool Thoughts_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 3	Family Building Blocks _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 4	Tracking/Effective Directions_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 5	Effective Directions Practice _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 6	Routines and Rewarding _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 7	Stopping Specific Behaviours_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 8	Time Out Practice _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 9	Family Problem Solving _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 10	Monitoring Covert Behaviours_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 11	Bullying _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 12	Home-School Relations _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Session 13	Celebration _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

This form is part of the SNAP® Program created at Child Development Institute (CDI), Toronto, Canada.

For more information, visit www.stopnowandplan.com

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