



SNAP® CLIENT GROUP REMINDER TELEPHONE LOG “WEEKLY GROUP REMINDER”

NAME: _____ ID #: _____

SNAP® Girls Children’s Group

Session	Title of Session	Call Made			Worker Initials	Other/Notes
		Date	Message	Talk to Child		
Session 1	Introduction to SNAP®	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 2	Introduction to STOP NOW	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 3	Problem-Solving	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 4	Body Cues	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 5	JOINT Session – Listening	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 6	Dealing with Feelings	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 7	When You’re Not So Sure	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 8	JOINT: Rewarding Yourself	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 9	Hard Thoughts/CTs 1	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 10	Hard Thoughts/CTs 2	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 11	Dealing with Bullying	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 12	Avoiding Trouble	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Session 13	JOINT Session/Final	_____	<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

13-Jun-23