

**SNAP® Boys Parent Make Up 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:**

**Welcome/Relaxation/Mindfulness Activity:**

**Review of Home Practice:**

**Review of SNAP Boys Group Topic:**

**Parenting Skill of the Week:**

**Modelling, Role-Play & Debriefing of Parenting Skill:**

**Home Practice:**

**FOLLOW-UP and/or PLAN:**

**CLIENT FEEDBACK REGARDING THE SESSION:**

**SNAP® WORKER SIGNATURE:**

**Rev: 8/23 F-PR-1376**