|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Name & Credentials:** | | | **Signature:** | |
| **Staff Name & Credentials:** | | | **Signature:** | |
| **Address/Location/Virtual Platform:** | | | **County:** | **Zip Code:** |
| **Contact’s Name:** | | | **Contact’s Telephone:** | |
| **Date of Service:** | **Start time:** | | **End Time:** | **Total Hours/Units:** |
| **Group name:** | | **Activity Name:** | | **Record #:** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Credentialed/Specifically Focused staff required:** |  | Yes | **YTA/Synar related:** |  | Yes | **Gambling Prevention:** |  | Yes | **School Based Activity:** |  | Yes |
|  | No |  | No |  | No |  | No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Group Type** | | **Program Type** | | **Activity Count** | | **Intervention Type** | | **Service Population Code** |
|  | One time |  | Individual |  | Min. |  | Indicated |  |
|  | Ongoing-Other |  | Population |  | Max. |  | Selective |
|  | Ongoing-Sequential |  |  |  |  |  | Univ. Direct |  |
|  |  |  |  |  |  |  | Univ Indirect |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Domain** | | **EBP Service Type** | | **Funding Source** | | **Primary Strategy Code** | |
|  | Individual |  | NREPP |  | 01-SAPT |  | |
|  | Family |  | Other Federal Agency |  | 02-Other (PA2) |
|  | Peer |  | Peer Reviewed Journal |  | 07-GDPV |  |  |
|  | School/Work |  | Local (PIHP) Evidence |  | 08-SOR II |  |  |
|  | Community |  | CBP Best practice |  | 09-COVID |  |  |
|  | Society/Envir. |  | YTA/SYNAR |  | 10-ARP |  |  |
|  |  |  | None of the above |  | 12-SOR 3 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Total Attendees/** |  | **New Males** |  | **Completed Group** |
| **Est. People Reached** |  | **New Females** | (Final Session) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Race** | | **Age** | | | | **Ethnicity** | |
|  | African American |  | 0-4 |  | 18-20 |  | Arab-American/Chaldean | |
|  | American Indigenous/Alaskan Native |  | 5-11 |  | 21-24 |  | Hispanic/Latino | |
|  | Asian |  | 12-14 |  | 25-44 |  | Not Listed | |
|  | Hawaii/Pacific Islander |  | 15-17 |  | 45-64 |  |  | |
|  | Multi-Racial |  |  |  | 65+ |  |  | |
|  | White |  |  |  |  |  |  | |
|  | Unknown/Other |  |  |  |  |  |  | |

|  |
| --- |
| Notes: |
|  |
|  |

*\*This form was modified and is highly recommended to be used by all Prevention Providers effective 1/2024*