Discussion Group, Counseling Group, and Prevention Education Initial Report 2018 - 2019

Complete this form immediately after the first session of any group/class (listed in #3 below) you start. (<u>KEEP THE ORIGINAL SUBMIT ONLY A COPY</u> by the 3rd of the month with all other required monthly paperwork.)

Submitted Month of:			Counselor:		
1.	Target Population: Circle C	Dne High School	Junior HS/MS		
2.	Service Approach: Recurring Model PE Code Number		(Counselors Do not write in box 2)		
3.	3. Class/Group: Indicate <u>Class/Group #</u> from Monthly STAT Form on the line next to the grou				
	A&E(I):	Newcomer:	TGFI	D(7):	
	A&E(S):		TGFD(8):		
	Abusers:				
	Abusers/COSAPs:	Seniors (I):		Users (Jr. HS only):	
	COSAPs:	Senior (S):		sers/COSAPs (Jr. HS only):	
	3Ps:	Sibling:		only):	
4.	First Session Date:				
	5. Service Location: (<i>Name of School</i>) 5. How many sessions have you scheduled/contacted for this group?				
U.	4	6 8 10 12			
7.	7. Demographics: * Number of Participants:				
	* Gender:	* Ethnicity:	* Age:		
	Male:	White:	12-14:		
	Female:	Black:	15-17:		
			18-20:		
		Asian:	21-24:		
		Native American:			
		Native Hawaiian:			
		Multi-Racial:			
		Hispanic:			
	Total:	Total:	Total:		
*	Each column total (Gender.)	Ethnicity. and Age) must	equal the Number of Participar	its.	