

Student Assistance Services Corporation

Discussion Group and Prevention Education Series

Initial Report (2024-2025)

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

Submitted Month of:

Counselor:

1.	Target Population: <i>Circle One</i>	High School	Junior HS/MS
2.	Service Approach: Recurring Model PE Code Number _____		
3.	Class/Group: Indicate <u>Class/Group #</u> from Monthly STAT Form on the line next to the group:		
	A&E(I): _____	Newcomer: _____	TGFD(7): _____
	A&E(S): _____	Non-Users: _____	TGFD(8): _____
	Abusers: _____	Recovering: _____	Prevention Education Series: _____
	Abusers/COAs: _____	Seniors (I): _____	Users (<i>Jr. HS only</i>): _____
	COAs: _____	Senior (S): _____	Users/COAs (<i>Jr. HS only</i>): _____
	3Ps: _____	Sibling: _____	2P's (<i>Jr. HS only</i>): _____
	Social Skills _____	Triple P _____	Other: _____
4.	<input type="checkbox"/> Face to Face <input type="checkbox"/> Virtual <input type="checkbox"/> Both Virtual & Face to Face		
5.	First Session Date: _____		
6.	Service Location: (<i>Name of School</i>) _____		
7.	How many sessions have you scheduled/contracted for this group?		
	4	6	8 10 12 Other _____
8.	Demographics:		
	* Number of Participants: _____		
	* Gender: Male: _____ Female: _____ Unknown: _____ Total: _____ * Ethnicity: Hispanic or Latino: _____ Not Hispanic or Latino: _____ Unknown: _____ Total: _____	* Race: White: _____ Black/African American: _____ Asian: _____ Native Hawaiian/Pacific Islander: _____ More than one race: _____ Race unknown or other: _____ Total: _____	* Age: 12-14: _____ 15-17: _____ 18-20: _____ 21-24: _____ Total: _____ Click to Reset Form

* Each column total (Gender, Ethnicity, Race and Age) must equal the Number of Participants.