SERVICE ACTIVITY FORM
ADOLESCENT PARENTING PROGRAM

Program ID: __ ___ ___

Date of Activity (or start date if more than one day): __ ___ / __ ___ / _____ ___ ___

Length of Activity: _____ hours _____ minutes

Location of Activity: _____

Type of Service (select only one):

- ☐ **Regular Group Session**

- ☐ **Individual Contact**
  - ❑ Face to face (check all that apply)
    - ❑ Home
    - ❑ School
    - ❑ Office
    - ❑ Transportation
      - ❑ Ob/Gyn Appointment
      - ❑ Primary Care Appointment for Participant
      - ❑ Primary Care Appointment for Participant's Child
      - ❑ Program Meeting or Event
      - ❑ Other Appointment, Meeting, or Event _____
    - ❑ Other_____
  - ❑ Telephone, Email, or other Correspondence

- ☐ **Contact with Someone on Behalf of Participant**

  - ❑ Child Protective Services Child Support Enforcement
  - ❑ DSS Financial Units
  - ❑ Guardian Ad Litem (court advocate)
  - ❑ Health Care Professional
  - ❑ Health Department/WIC
  - ❑ Law Enforcement
  - ❑ Parent/Guardian or Other Relative
  - ❑ School
  - ❑ Social Security Administration
  - ❑ None
  - ❑ Other _____

Primary Service Provider:
- ❑ Program Coordinator
- ❑ Program Assistant
- ❑ Program Supervisor
- ❑ Other Program Staff
- ❑ Volunteer/Mentor
- ❑ Intern
- ❑ Invited Guest
- ❑ Collaborative Partner

Secondary Service Provider:
- ❑ Program Coordinator
- ❑ Program Assistant
- ❑ Program Supervisor
- ❑ Other Program Staff
- ❑ Volunteer/Mentor
- ❑ Intern
- ❑ Invited Guest
- ❑ Collaborative Partner
- ❑ None

Other Individuals in Attendance:

- ❑ Additional Staff: How many? ____
- ❑ Volunteer Mentors: How many? ____
- ❑ Other Volunteers: How many? ____
- ❑ Interns: How many? ____
- ❑ Teens (other than regular program participants): How many? ____
- ❑ Family members (other than regular program participants): How many? ____
- ❑ Partners (other than regular program participants): How many? ____

Topics

- □ Academic Support ____
- □ Anatomy/Human Reproduction_____
- □ Breastfeeding____
- □ Car Seat Safety _____
- □ Child Abuse & Neglect_____
- □ Child Care_____
- □ Childbirth Education_____
- □ College Preparedness_____
- □ Communication Skills _____
- □ Community Resources
- □ Dating/Domestic Violence _____
- □ Employment Readiness (Includes careers & vocational training)____
- □ Family Nutrition & Physical Activity ____
- □ Family Planning ____
- □ Financial Issues _____
- □ Goal Planning can also be used for group sessions ____
- □ Graduation/GED ____
- □ Growth & Development ____
- □ Healthy/Unhealthy Relationships ____
- □ Housing ____
- □ Indoor Safety ____
- □ Infant/Toddler Play ____
- □ Life Management Skills____
- □ Literacy Education ____
- □ Maternal Nutrition & Physical Activity ____
- □ Mental Health ____
- □ Newborn/Infant Care ____
- □ Outdoor Safety ____
- □ Parenting Skills ____
- □ Postpartum Care ____
- □ Prenatal Care ____
- □ Safe Sleep/SIDS ____
- □ Sexual Violence ____
- □ STIs & HIV/AIDS____
- □ Strengthening Individual Support System ____
- □ Study Skills ____
- □ *Substance Abuse ____
- □ Other _____

Curricula

- □ Be Proud! Be Responsible! Be Protective!
- □ BodyWorks
- □ Can We Talk
- □ Doctor Dad
- □ Growing Great Kids
- □ Learning Games: The Abecedarian Curriculum
- □ Life Planning Education: A Youth Development Program
- □ Love Logic
- □ Love Notes
- □ Making Proud Choices
- □ Motheread
- □ Nurturing Parent Program
- □ Parents as Teachers
- □ Partners for a Healthy Baby
- □ Period of PURPLE Crying
- □ Reducing the Risk
- □ Smart Girls
- □ Transitions
- □ None
- □ Other _____

Notes:

Add any information here that will be helpful for your records or that you wish to convey to your TPPI Program Consultant (i.e., more specific details about the services provided, clarification about any information that was provided on this form).