

**SNAP® Girls 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:**

**Check In:**

**Practice Review:**

**Goal Review:**

**Skill Introduction:**

**Modeling:**

**Role Playing:**

**Practice Assignment:**

**Circle Time:**

**Relaxation:**

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

**CLIENT FEEDBACK REGARDING THE SESSION:**

**SNAP® WORKER SIGNATURE:**