|  |  |
| --- | --- |
| **Address:** |  |
| **Telephone:** |  |
| **If phoning please ask for:** |  |
| **Email address:** |  |

*(Date)*

*(Name of recipient)*

*(Address of recipient)*

Dear

**PoPP FEEDBACK**

|  |  |
| --- | --- |
| **Child’s name** |  |
| **Child’s DOB** |  |
| **Child’s address** |  |
| **Telephone No. of parent** |  |
| **Date referred** |  | **No. of contacts** |  |

Further to your referral to the Psychology of Parenting Programme, I contacted the family of the above child. I have detailed below the outcome of these contact(s):

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Family have agreed to attend** |  |  |
| **Family not at home (no. of attempts made……..)** |  |  |
| **Declined home visit to discuss PoPP** |  |  |
| **Parent completed the PoPP Programme (IY/ Triple P)** |  |  |
| **Failed to attend PoPP group** |  |  |

Additional information:

Yours sincerely

***(Name)***

***(Designation)***