



Readiness Screening Worksheet Triple P Provider Training Level 3 - Primary Care

A Readiness Screening Worksheet is **required prior to registration for training. Submit only one worksheet per agency.**

Thank you for your interest in attending a Triple P training. This document provides information about Triple P Level 3 Primary Care and explains the requirements for participating in a training, as well as delivering Triple P services.

Supporting providers to implement Triple P is one of First 5 Sonoma County's key priorities.

It is critical that training participants understand the post-training commitment to participate in:

- * **Ongoing consultation activities for delivering Triple P**
- * **Triple P data collection**

The following information will help First 5 determine if Triple P Level 3 Primary Care is consistent with your work with families. You will be contacted by First 5 staff within two weeks to discuss your agency's readiness to register for training and the new registration step. If this level of Triple P training is not the best match for your agency needs or individual practitioners, there may be other training options that would be a better fit.

What is Level 3 Primary Care?

Triple P Level 3 Primary Care training prepares participants to conduct brief consultations with parents of children 0 – 12 years which includes focused interventions (four sessions of 15-30 minutes each) and is intended for parents who have concerns about one or a few specific child behavior problems.

Training Participants

Participants in this training must be able to attend all of the following components of training:

- 2-day training session
- full day pre-accreditation workshop
- half day accreditation workshop

Please see the First 5 Sonoma Training Calendar for training dates and confirm that potential registrants are available for all required components.

Agency

Name of individual completing Worksheet

Title of individual completing Worksheet

Phone of individual completing Worksheet

Participants are expected to begin using this intervention with families within one month of accreditation.

Have families at your agency been identified for whom this intervention is appropriate?

If so, how many families have been identified?

Yes

No

By checking the boxes below, you are certifying that you have confirmed:

All potential training participants on this Worksheet have confirmed their availability to attend all training, pre-accreditation, and accreditation dates.

All potential training participants on this Worksheet and their supervisors have reviewed the Triple P course summary for Level 3 Primary Care.

Supervision, Support and Evaluation

1. Please describe your agency's existing structure or plan for supervision and support of practitioners providing Level 3 Primary Care.

2. Triple P supervisors/administrators are expected to participate in regular conference calls to access consultation and support for implementing Triple P with fidelity. List which supervisor listed will commit to participate on these calls (scheduled quarterly on a Wednesday, 9am).

3. Practitioners are requested to participate in quarterly consultation groups to access support for implementing Triple P with fidelity to the model. Please list which staff will be able to participate. If there are barriers to participation, please describe the agency's plan for supervision and support for the practitioner.

4. Evaluation allows us to monitor, celebrate and sustain effective interventions. How will you ensure that all training participants from your agency will participate in the timely collection and reporting of data required for First 5's evaluation of Triple P.

Other Considerations

1. Please describe any barriers or challenges that may impact your agency's capacity to implement Triple P and how those challenges might be addressed.

2. Describe any specific support your agency may need from First 5 Sonoma County to implement Triple P.

3. Any additional comments/questions?

Provide information for each staff member from your agency interested in registering for training

Name	Position
E-mail Address	Estimated # of unduplicated families w/ children age 2-12 served annually
Previous Triple P Accreditation(s)	
Name of Supervisor	E-mail
Supervisor's Triple P Accreditation(s)	

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