



Triple P Practitioner Selection Checklist

The purpose of this document is to assist in appropriate selection of Triple P Practitioners. This checklist should be completed before referring an employee to a Triple P Coordinator and before the employee submits a training application. Please carefully consider each question below and make additional comments or ask questions as necessary.

Please provide the name and title of the employee to be considered for Triple P Training:

Please provide the name of the person completing this checklist, your agency, and title:

Today's Date:

Does this employee demonstrate independent decision-making, clinical-reasoning and self-directed learning?

Additional Comments:

Does this employee have knowledge of child/adolescent development?

Additional Comments:

Has this employee been successful in working with families up to this point? Can you provide an example?

Additional Comments:

Have you observed this employee working with families?

Additional Comments:

Is this employee receptive to feedback and ongoing professional development? Are they able to reflect on their personal strengths and weaknesses?

Additional Comments:

Is it feasible to add delivery of Triple P into this employee's job description? This would include clear expectations about Triple P activities, responsibilities and accountability. If so, what would this look like? If not, please tell us more.

Additional Comments:

Does this employee have access to supervision within your agency?

Additional Comments:

Will this employee be supported to track and turn in data of their delivery of Triple P?

Additional Comments: