Parent Child Communication

Training Register

Name of Mentor: _____

District: _____

Wards Covered: _____

Parent to Child Communication Training Register

Key for the Topics	
Unit	**Topic**
1	**Yourself, your family and your culture**
2	**Human and Sexual Development**
3	**Relationships**
4	**Conflicts**
5	**Talking together**

<u>**Key**</u>

1. Group Number : Assign a group number to your group using your initial e.g SM1, next group will be SM2 etc.

2. Firstname and Surname: Write full name and surname

3. HH No.: Write the household number that the person belongs to as indicated in the household register

4. Sex: Male or Female

5. Age Group: Place a tick (✔) in the appropriate box for the age group if it is an adolescent or young person

6. If a parent/guardian, indicate if it's a mother, father or guardian, place a tick in the appropriate column.

7. Session: Attendance to sessions: Indicate the date when the session was conducted. Place a tick (✔) if the person participated and an X if the person did not participate.

8. IndivSes: Indicate the number of sessions the person was seen individually, if no individual session, write a zero (O)

Parent to Child Communication Training Register

Start Date of Training: dd/mm/yyyy	Mentor Name: _____								Group Number: _____							

No.	First name and Surname	HH No.	Sex		Age Group			Parent/ Guardian			Session					IndivSes
			Male	Female	10-14	15-19	20-24	Mother	Father	Guardian	Date 1	Date 2	Date 3	Date 4	Date 5	
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Parent to Child Communication Training Register

No. referred		Service	No. referred		Service
M	F		M	F	
		HIV testing and Counselling (HTC)			Antiretroviral Therapy (ARV) / Support Group
		HIV Couple Testing			Ante-natal Care (ANC) / PMTCT
		STI Screening and Testing			Cervical Cancer Screening
		Voluntary Medical Male Circumcision			IUCD
		Family Planning (excluding IUCD)			Gender Based Violence (GBV) counselling
		Gender Based Violence (GBV) service (excl Rape)			SGBV services
		Sista2Sista Club			Youth Friendly Services
		Fistula			