

Aftercare, Recovery Monitoring & Support

SUPPORT GROUP ATTENDANCE VERIFICATION

THIS REPORT COVERS: (MONTH) _____ (YEAR) _____

PARTICIPANT NAME: _____

The Participant must obtain verification of attendance at support group each group. The Group Facilitator (GF) should be the person verifying the attendance. Please obtain a signature at each group attended. If he/she attends more than one facilitated group per week, they may all be kept on this form. At the last group of the month, the GF will collect this form, sign it and forward it to this office. Please keep a copy for yourself.

WEEK 1	DAY	DATE	TIME OF MTG	NAME OF MTG / LOCATION	VERIFYING NAME -SIGNED *
WEEK 2		DATE	TIME OF MTG	NAME OF MTG / LOCATION	VERIFYING NAME -SIGNED *
WEEK 3		DATE	TIME OF MTG	NAME OF MTG / LOCATION	VERIFYING NAME -SIGNED *
WEEK 4		DATE	TIME OF MTG	NAME OF MTG / LOCATION	VERIFYING NAME -SIGNED *
WEEK 5		DATE	TIME OF MTG	NAME OF MTG / LOCATION	VERIFYING NAME -SIGNED *
Other		DATE	TIME OF MTG	NAME OF MTG / LOCATION	VERIFYING NAME -SIGNED *

** If group was missed / indicate whether it was excused and the reason. Do NOT sign if missed – initial only.*

I certify that I attended the groups listed above and that I contributed to the group process by giving and receiving feedback, listening attentively, and being open and honest in group:

Signed by Participant Date

Francine Farrell, LMFT · 3838 WATT AVE., SUITE C300 · SACRAMENTO, CA 95821

Fax: (888) 300-1156 · Phone: (916) 971-1159