

SUPPORT GROUP MEETING REPORT

Name: _____

Date Attended Meeting: _____

Meeting Attended: _____ Time of Meeting: _____

Where was meeting held: _____

Who led the meeting? (First Name Only) _____

Meeting Content

What was the topic of the meeting: _____

What did you learn from the meeting that you can apply to your own recovery?

In what specific way did the meeting help you?

Next Meeting/Sponsor

1. Do you have a Sponsor? ____ Yes ____ No

If no, are you looking for a sponsor? ____ Yes ____ No

2. When do you plan to attend your next meeting?

Location: _____

Date and Time: _____

I affirm the information provided is accurate.

Signature

Date

Meeting Chair (if necessary by referral source)

Date