

PACIFIC ASSISTANCE GROUP - NORTHERN CALIFORNIA

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 *
Make Up		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.*

When completed, the primary group facilitator (GF) is to complete the back of the form. GF keep a copy of this for your own records. Scan and email this to the Sacramento office by the 5th of the month for the previous month, or the Participant is NON-COMPLIANT. MAIL THE ORIGINAL!

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PART II – FOR THE PRIMARY GROUP FACILITATOR TO COMPLETE:

PARTICIPANT'S NAME: _____ MONTH/YR: _____

Were there any unexcused absences during this reporting period? Yes ___ No ___

If yes, were they reported within 24 hours to the appropriate person / agency? Yes ___ No ___

Is the participant current with all fees? Yes ___ No ___ If No, what is the past due amount? \$ _____

If not, has Participant made satisfactory arrangements payment? Yes ___ No ___

Participation during this period was:

- ___ Active ___ Moderate ___ Withdrawn ___ Minimal
___ Constructive with feedback ___ Recovery Oriented ___ Resistant ___ Disruptive

Is the participant making satisfactory progress toward recovery and/or mental health goals? Yes ___ No ___

The following issues or concerns are being explored in group:

Three horizontal lines for writing issues or concerns.

Please indicate the participant's level of commitment to 12-Step participation & give example:

- ___ Resistant: _____
___ Ambivalent: _____
___ Early/Willing: _____
___ Involved: _____
___ Grateful / Embraces: _____
___ Carries the Message: _____

Do you have any concerns about the participant's program or level of recovery? Is the recovery attitude / knowledge consistent with the participant's stated level of recovery?

Which areas of stress / problems are currently present? (Please circle all that apply & explain)

Medical? Emotional / Psychological? Social? Family? Employment? Financial? Legal?

Please explain: _____

In your own words, please share your impressions of the participant's participation in group & in recovery:

Three horizontal lines for writing impressions.

Signed by Group Facilitator

Date

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