

Facilitator Report

Date: _____

Facilitator Name: _____

DBSA Group: _____

Number of People Attending Group: _____

Number of New People Attending Group: _____

Were the guidelines given to every new person and signed? _____

Were the guidelines read before meeting? _____

Were there any problems that occurred during the group? _____

If there were problems, please give brief description: _____

Give a brief description of the group meeting. Please do not list names, or disclose confidential information. Give your impressions of how the group went, what could be done to improve the meetings, and what went especially well.

Signed: _____
Facilitator

Signed: _____ **Date:** _____
Executive Director