

## MEETING ATTENDANCE LOG AND PROGRESS REPORT

Participant Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date	Time	AA, NA, Peer	Specific Group Name	Topic (Be Specific)

Sponsor First Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Step you are currently working: \_\_\_\_\_

Document **Medical** or **Counseling** services received and any **Major Life Changes** since last report.

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Work Status:       Working in Field                       Working out of Field                       Not Working

Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Please use the back of this form if needed for further documentation)

Signature \_\_\_\_\_ Date: \_\_\_\_\_