

Meeting Summary

Please complete each week; Submit forms monthly/quarterly



Group _____ Meeting Date _____
(city, church)

of New Attendees _____ # of Total Attendees _____

Assign each member to ONE category which best describes their diagnosis:

_____ Anxiety _____ Depression _____ OCD _____ Other
_____ Bipolar _____ Family _____ PTSD _____ Loved One
_____ Schizo-affective disorder

Facilitator/s _____

Topic _____

References/Exercises/Handouts Used _____

Mood/Tone of Group _____

Level of Group Participation _____

What went well in the meeting? _____

What could have gone better in the meeting? _____

Members needing follow-up? _____

Members absent for several weeks needing to be called (and by whom)? _____

Thank you - You make a difference!

Please complete each week; Submit forms monthly/quarterly to Fresh Hope

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