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.

_____

_____

_____

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_____