Anxiety Support Group Facilitator's Monthly Summary

Group _____ Month _____

Facilitator 1 _____ (Volunteer hours for the month _____)

Facilitator 2 _____ (Volunteer hours for the month _____)

Attendance Figures	Consumers	Carers	Others	Total
Number attending today	_____	_____	_____	_____
Completed evaluation forms	_____	_____	N/A	_____

Comments

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