CROSS ROADS TO INTERVENTION

GROUP THERAPY REPORT

Name: __________________________ Patient #: __________________________

Group type: __________________________ Topic: __________________________

Date: ___________ Time: ___________ Length: __________________________

Primary Counselor: __________________________ Tx Plan: __________________________

PART 1 PATIENT'S SELF-REPORT

1. The most important thing I learned in this group session was: __________________________

2. What am I going to do differently because of today’s group session: __________________________

3. The assignment I am working on now is: __________________________

4. I am due to turn in that assignment to my counselor on: __________________________

Client’s Signature __________________________ Date __________________________

PART II FACILITATOR COMMENTS

________________________________________

FACILITATOR __________________________ Date __________________________

Form 37 (AL only) 11/1/00