Dade Family Counseling AA/NA Report

Group Name:	Date:	
Signature of Coordinator:		
Topic Discussed:		
How was the meeting useful to me?		
Group Name:	Date:	
Signature of Coordinator:		
Topic Discussed:		
How was the meeting useful to me?		
Group Name:	Date:	
Signature of Coordinator:		
Topic Discussed:		
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Group Name:	Date:	
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Topic Discussed:		
How was the meeting useful to me?		
Name:	Date:	