

Self Help Meetings Verification Form

Community Support Meeting Attendance Record for: _____

In a spirit of cooperation with the treatment community, would you please verify my attendance at this meeting?
Honesty and responsibility are hallmarks of recovery. Please note if I came in late or left early. Thank you!

***YOU WILL NOT RECEIVE CREDIT FOR MEETING ATTENDANCE
UNLESS FORM IS FILLED OUT COMPLETELY***

Date: _____ Name of Meeting: _____ Address: _____
Time: _____ Chair Signature: _____ Phone Number: _____
Topic(s) Discussed: _____
What did you learn from this meeting? _____

Date: _____ Name of Meeting: _____ Address: _____
Time: _____ Chair Signature: _____ Phone Number: _____
Topic(s) Discussed: _____
What did you learn from this meeting? _____

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Topic(s) Discussed: _____
What did you learn from this meeting? _____

Date: _____ Name of Meeting: _____ Address: _____
Time: _____ Chair Signature: _____ Phone Number: _____
Topic(s) Discussed: _____
What did you learn from this meeting? _____