MEETING ATTENDANCE LOG AND PROGRESS REPORT					
Partici	pant Na	me:	Case Manager:		
Addre	ss:		Phone:		
Date	Time	AA, NA, Peer	Specific Group Nam	e 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!	Statuc	□ Wor	king in Field	☐ Working out of Field ☐ Not Working	na
WOIK.	status.	□ WOI	KING III I IEIU L	Working out of Freid Not Worki	ı ığ
Employer:			Supervisor	Phone:	
Employer: Supervisor Phone:					
Signature				Date:	