

# ENHANCED SUPPORT GROUP MEETING SLIP

\*This form must be filled out completely in order to receive credit\*

Name: \_\_\_\_\_

Dear Secretary: thank you for your support of this participant's involvement in today's meeting.

Today's date: \_\_\_\_\_ Name of meeting \_\_\_\_\_ Address: \_\_\_\_\_

Meeting time: \_\_\_\_\_ Secretary's signature: \_\_\_\_\_

Topic(s) discussed: \_\_\_\_\_ Did you talk?:  Yes  No

What did you learn from the meeting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone invite you to return?:  Yes  No

Today's date: \_\_\_\_\_ Name of meeting \_\_\_\_\_ Address: \_\_\_\_\_

Meeting time: \_\_\_\_\_ Secretary's signature: \_\_\_\_\_

Topic(s) discussed: \_\_\_\_\_ Did you talk?:  Yes  No

What did you learn from the meeting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone invite you to return?:  Yes  No

Today's date: \_\_\_\_\_ Name of meeting \_\_\_\_\_ Address: \_\_\_\_\_

Meeting time: \_\_\_\_\_ Secretary's signature: \_\_\_\_\_

Topic(s) discussed: \_\_\_\_\_ Did you talk?:  Yes  No

What did you learn from the meeting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone invite you to return?:  Yes  No

**REMEMBER: ONE MEETING PER DAY**

Slips are due to MHC staff in person/email/fax no later than noon on the due date, which is \_\_\_\_\_

[SDC-MentalHealthCourt@co.snohomish.wa.us](mailto:SDC-MentalHealthCourt@co.snohomish.wa.us)

Fax (425) 388-6397

Today's date: \_\_\_\_\_ Name of meeting \_\_\_\_\_ Address: \_\_\_\_\_  
Meeting time: \_\_\_\_\_ Secretary's signature: \_\_\_\_\_  
Topic(s) discussed: \_\_\_\_\_ Did you talk?:  Yes  No  
What did you learn from the meeting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Did anyone invite you to return?:  Yes  No

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What did you learn from the meeting? \_\_\_\_\_  
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