

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

Fax (425) 388-6397

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Meeting time: _____ Secretary's signature: _____
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