

WPCS Adult Program Group Check in Sheet

Client Name _____ Level of care: IOP OP _____ Date _____
(circle one)

Drug(s) of Choice _____ Clean Date _____ Number of days clean _____

Check in:

Why do you choose to be here today? _____

Number of recovery meetings attended in last 7 days _____ Used Tobacco products in the last week: Y N

I submitted my community support meeting slip: Y N Do you have a sponsor? Y N

If no, what is my plan to stay current on my meeting obligation? _____

I am feeling _____ because _____

What am I working on that I learned in group _____

Share a success and a challenge since last group: Success _____

Challenge _____

On a scale of 1-10 (one being none and 10 being extreme) please rate the following:

Do you intend to harm yourself _____ Do you intend to harm others _____

If you score above a 4 on any of the above, please talk with your provider before you leave today

Have you felt triggered since last group? Y N If yes then **ask** for process time in group.

Check out

What did I learn about myself from the group and how can I use it? _____

What I liked about the group? _____

What I didn't like about group? _____

Were you triggered by the group? Y N What specifically triggered you? _____

My recovery plan until our next session is _____

Things I want to share with my counselor at my next individual session _____

_____ which is scheduled for _____

I am grateful for _____

Because _____

Comments: _____