



Depression and Bipolar Support Alliance

# Peer Leadership Center

## Facilitator Report

Date and Time: \_\_\_\_\_

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

Number of People Attending Group: \_\_\_\_\_

Number of New People Attending Group: \_\_\_\_\_

Were the guidelines given to every new person and signed? \_\_\_\_\_

Were the guidelines read before meeting? \_\_\_\_\_

Were there any problems that occurred during the group? \_\_\_\_\_

If there were problems, please give brief description.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give a brief description of the group meeting. Please do not list names, or disclose confidential information. Give your impressions of how the group went, what could be done to improve the meetings, and what went especially well.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Facilitator*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Executive Director*