

ATR

ADDICTION TREATMENT RESOURCES

12 STEP OBSERVATION REPORT

CLIENT NAME: _____

GROUP NAME: _____

DATE: _____

TOPIC: _____

- 1) I WAS ABLE TO RELATE TO THIS TOPIC IN THE FOLLOWING WAY(S):

- 2) POSITIVE ASPECTS WERE:

- 3) NEGATIVE ASPECTS WERE:

- 4) WHAT I LEARNED FROM ATTENDING THIS MEETING WAS:

- 5) WHAT I'M GOING TO DO DIFFERENTLY BECAUSE OF WHAT I LEARNED IS:

FOR OFFICE STAFF ONLY
____ READ ____ RECORDED