



MEETING SLIP

CLIENT NAME: _____

1. Meeting Information:

Program (AA / NA / etc...): _____ Time / Date: _____ / _____

Location: _____

Meeting Format: () Tag / Open Sharing () Speaker Meeting () Big Book / Step Study

() All Male () Young People's () Other _____

2. Signature: _____ Phone Number: _____

3. What was the main topic of the meeting?

4. What were your general thoughts and feelings on that topic?

5. In what ways could you relate to the experiences and feelings shared by others at the meeting? Were you unable to relate to some people, and if so, what was the difference between them and you that made you unable to relate?

6. What other thoughts and feelings did this meeting cause you to have?

7. What did you gain from this meeting?

PLEASE REMEMBER TO NOT PUT DOWN ANY INFORMATION THAT WOULD VIOLATE ANY MEMBER'S ANONYMITY!

