

# Self Help Meetings Verification Form

Community Support Meeting Attendance Record for: \_\_\_\_\_

In a spirit of cooperation with the treatment community, would you please verify my attendance at this meeting?

Honesty and responsibility are hallmarks of recovery. Please note if I came in late or left early. Thank you!

**\*YOU WILL NOT RECEIVE CREDIT FOR MEETING ATTENDANCE**

**UNLESS FORM IS FILLED OUT COMPLETELY\***

Date: \_\_\_\_\_ Name of Meeting: \_\_\_\_\_ Address: \_\_\_\_\_

Time: \_\_\_\_\_ Chair Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Topic(s) Discussed: \_\_\_\_\_

What did you learn from this meeting? \_\_\_\_\_

Date: \_\_\_\_\_ Name of Meeting: \_\_\_\_\_ Address: \_\_\_\_\_

Time: \_\_\_\_\_ Chair Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Topic(s) Discussed: \_\_\_\_\_

What did you learn from this meeting? \_\_\_\_\_

Date: \_\_\_\_\_ Name of Meeting: \_\_\_\_\_ Address: \_\_\_\_\_

Time: \_\_\_\_\_ Chair Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Topic(s) Discussed: \_\_\_\_\_

What did you learn from this meeting? \_\_\_\_\_

Date: \_\_\_\_\_ Name of Meeting: \_\_\_\_\_ Address: \_\_\_\_\_

Time: \_\_\_\_\_ Chair Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Topic(s) Discussed: \_\_\_\_\_

What did you learn from this meeting? \_\_\_\_\_