

Senior Peer Prevention Program Weekly Group Summary

Support Group Name: _____

Description of Group Activity/Observations	Attendees:	Date:

*Group Facilitator: _____

Description of Group Activity/Observations	Attendees:	Date:

*Group Facilitator _____

Description of Group Activity/Observations	Attendees:	Date:

*Group Facilitator _____

Description of Group Activity/Observations	Attendees:	Date:

*Group Facilitator _____

Senior Peer Staff: _____ Date: _____