



MONTHLY SUPPORT GROUP MEETING REPORT

This report is to be completed by the facilitator and mailed/faxed to Alzheimer's Arkansas immediately after each meeting. It helps us develop, coordinate and assist all other support group activities.

Support Group Name: _____

Meeting Date: _____ Meeting Time: From _____ to _____

Meeting Place: _____ County: _____

Facilitator: _____ Co-Facilitator: _____

Support Group Attendance: Number attending this meeting: _____ Number attending for first time: _____

_____ **Please estimate** the number of hours spent in connection with this support group, including preparation, group time, and follow up. We need to **track your volunteer hours** as matches for federal grants that we have.

What kinds of things did the group discuss?

Did you have a guest speaker? Subject/Topic: _____

Name: _____

Title: _____ Telephone: _____

Address: _____

Street Number, Name

City, State, Zip

Do you recommend speaker to other support groups? _____ Yes _____ No

How can we help you? Tell us how Alzheimer's Arkansas can improve its services to you and to the participants of your group:

Person Completing Report: _____ Date: _____

