SOUTH DAKOTA HEALTH PROFESSIONALS ASSISTANCE PROGRAM

12-STEP SUPPORT GROUP ATTENDANCE REPORT

You are required to record the dates of all AA/NA meetings that you attend. Your sponsor should sign this form. Submit this report every **quarter.**

Name of Participant: _____

Reporting Period: from _____ to _____

1. _____ 16. _____
2. _____ 17. _____
3. _____ 18. _____
4. _____ 19. _____
5. _____ 20. _____
6. _____ 21. _____
7. _____ 22. _____
8. _____ 23. _____
9. _____ 24. _____
10. _____ 25. _____
11. _____ 26. _____
12. _____ 27. _____
13. _____ 28. _____
14. _____ 29. _____
15. _____ 30. _____

The Participant's progress is: ❒Excellent ❒Good ❒Fair ❒Poor

Comments: _____

_____

_____

_____

_____

Signature of Sponsor: _____ Date: _____

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