**Aftercare Meetings Report**

Participant’s Name: ___________________ Date attended: ____________________________

Group Name: ________________________ Group Location: ___________________________

Type of Group:  
- AA  Speaker  Open
- NA  Discussion  Closed
- ANIR  Step
- Other  Big Book Study

What was the subject of the meeting? _______________________________________________
______________________________________________________________________________

What in the talk or comments applies to you? _________________________________________
______________________________________________________________________________

What did you learn from this meeting? ______________________________________________
______________________________________________________________________________
______________________________________________________________________________

Participant’s signature: ___________________________________________________________

Please complete one (1) of the following:

1. Obtain the AA/NA/Support Group Leader’s (the chairman or secretary) signature. The first name and last initial is sufficient.
   Signature: ___________________________________________________________________

2. Aftercare Coordinator’s comments regarding Participant’s involvement in this Aftercare meeting: ______________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   Aftercare Coordinator’s signature: ___________________________________________

Adopted: November 2018