Tennessee ***Professional Assistance Program***

545 Mainstream Drive • Suite 414 • Nashville, TN 37228
Phone 615-726-4001 • Fax 615-726-4003
www.tnpap.org

Support Group Meeting Attendance

Month/Year _____ Facilitator _____

Participant Name Enter date ▶	Meeting Dates			
	Week 1	Week 2	Week 3	Week 4

P - Present
AE - Absent/Excused
Other - Explanation:

PP - Present with good participation
AU - Absent/Unexcused