

# WPCS Adult Program Group Check in Sheet

Client Name \_\_\_\_\_ Level of care: IOP OP \_\_\_\_\_ Date \_\_\_\_\_  
(circle one)

Drug(s) of Choice \_\_\_\_\_ Clean Date \_\_\_\_\_ Number of days clean \_\_\_\_\_

## Check in:

Why do you choose to be here today? \_\_\_\_\_

Number of recovery meetings attended in last 7 days \_\_\_\_\_ Used Tobacco products in the last week: Y N

I submitted my community support meeting slip: Y N Do you have a sponsor? Y N

If no, what is my plan to stay current on my meeting obligation? \_\_\_\_\_

I am feeling \_\_\_\_\_ because \_\_\_\_\_

What am I working on that I learned in group \_\_\_\_\_

Share a success and a challenge since last group: Success \_\_\_\_\_

Challenge \_\_\_\_\_

On a scale of 1-10 (one being none and 10 being extreme) please rate the following:

Do you intend to harm yourself \_\_\_\_\_ Do you intend to harm others \_\_\_\_\_

If you score above a 4 on any of the above, please talk with your provider before you leave today

Have you felt triggered since last group? Y N If yes then **ask** for process time in group.

## Check out

What did I learn about myself from the group and how can I use it? \_\_\_\_\_

What I liked about the group? \_\_\_\_\_

What I didn't like about group? \_\_\_\_\_

Were you triggered by the group? Y N What specifically triggered you? \_\_\_\_\_

My recovery plan until our next session is \_\_\_\_\_

Things I want to share with my counselor at my next individual session \_\_\_\_\_

\_\_\_\_\_ which is scheduled for \_\_\_\_\_

I am grateful for \_\_\_\_\_

Because \_\_\_\_\_

Comments: \_\_\_\_\_