

# Louisiana State Board of Nursing

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<http://www.lsbn.state.la.us>

## GROUP FACILITATOR PROGRESS REPORTING FORM

Name: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Attendance: Client has attended \_\_\_\_ of \_\_\_\_ scheduled sessions.

Client was excused from \_\_\_\_ sessions this month due to \_\_\_\_\_

\_\_\_\_\_

Status of case since last report: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Progress in Recovery Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Problems/Difficulties: \_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Group Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group Location