Group Implementation Checklist

Group Town Location: _____
Group Leader(s):_____
Group Start & End Dates: _____

REQUIREMENT	YES	NO	COMMENTS
AOD Facilitator			Name: Address: Phone: E-Mail:
MCH Facilitator			Name: Address: Phone: E-Mail:
RH Curriculum Utilized			
Ten (10) Sessions			
Group Duration 2 Hours			
Childcare Provided			Name:
Transportation Provided			
Incentives Provided			
Fee for Group			
Reporting Forms: - Administered Pre Survey - Administered Post Survey - Leader Observation Form - Statistics Form			