Rocking Horse Statistics

Group Start Date: _____Facilitator(s): _____Group Town Location: _____
Group End Date: _____Agency: _____

Date	# Attended	# of "No Shows"	# Referred for Other Services	Actual Group Time	Group Prep Time	Time Spent on Marketing	Time Spent on Paperwork
Total							

Complete and Forward to:

Patty Baroudi, VT Dept. of Health
Division of Alcohol & Drug Abuse Programs (ADAP)
PO Box 70 Burlington, VT 05402
Fax: 802-651-1573