Saving Our Son's and Daughters Facilitator Notes

		Date:	
Clients Name:		Contact: Class Binder <u>Yes</u> or <u>No</u>	
Your Group Day & Time: Amount of Fees paid today:		Program start	
- .			
	nded:	•	
Sessions Miss			
	ke Up Classes:		
0			P.O. Name:
0		9	ı or Social Worker:
0	Parole	Social Worker/Parole Agen	nt
0	Pending Criminal C	⁷ nca	
	Pending Child Protective Services Case.		
Facilitator Cla	ass Notes:		
Facilitator Signature		Of	fice Staff Initials: