

ANNEX 3: Monthly Reporting Form for ENTREPOSE Facilitators (The form should be filled for each group batch.)

Facilitator's Name:			Designation:		
Group Batch:	Group ID:	No of Patients:	Covering Month (MM/YY):	Facility:	

	Data (MM/DD/YY)	Co-facilitator	Session		Number in the Group
			No.	Topic	
I. Program Orientation					
1.					
II. CBT Session					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
III. CBT-E Session					
1.					
2.					
3.					
IV. PE Session					
1.					Patients Family
2.					Patients Family
3.					Patients Family
V. SHGM Session (list up sessions that you supervised)					
1.					
2.					
3.					
4.					
5.					

Signature of Facilitator: _____

Date: _____