Weekly Reporting Form for INTREPRET Facilitators

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Facilitator’s Name: |  | | | Designation: | | |  |
| Covering Period (7 days): | (MM/DD/YY) | -- | (MM/DD/YY) | | Facility: |  | |

|  | **Data**  **(MM/DD/YY)** | **Co-facilitator** | **Topic** | **Number in the Group** | **Group ID/ Dormitory (optional)** |
| --- | --- | --- | --- | --- | --- |
| 1. **Program Orientation** | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. **CBT Session** | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. **CBT-R Session** | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. **PE Session** | | | | | |
|  |  |  |  | *Patients*  *Family* |  |
|  |  |  |  | *Patients*  *Family* |  |
| 1. **SS Session** | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. **SHGM Session** (list up sessions that you supervised) | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Signature of Facilitator: Date:*