Weekly Reporting Form for INTREPRET Facilitators

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| 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)** |
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| 1. **Program Orientation**
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| 1. **CBT Session**
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| 1. **CBT-R Session**
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| 1. **PE Session**
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|  |  |  |  | *Patients**Family* |  |
|  |  |  |  | *Patients**Family* |  |
| 1. **SS Session**
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| 1. **SHGM Session** (list up sessions that you supervised)
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*Signature of Facilitator: Date:*