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

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