

MAP Facilitator's Log **Your Name:** _____

#__ Peer Member Engaged doing MAP (no name, use # only)

1. Date/Time Spent: Session 1 ___/___/___ Session 2 ___/___/___ Session 3 ___/___/___

2. Was additional time required? ___yes ___no If yes, could you assist? ___yes ___no

3. Was Peer Support required during MAP Sessions? ___yes ___no

4. Upon completion of work sessions, did Peer Member (check all that apply):

___complete MAP documents?

___have MAP documents properly witnessed or notarized?

___report back that they properly distributed their documents?

5. What else would be helpful to get MAP done and working for this member? _____


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**MAP Facilitator's Log**                      **Your Name:** \_\_\_\_\_

**#\_\_ Peer Member Engaged doing MAP** (no name, use # only)

1. Date/Time Spent: Session 1 \_\_\_/\_\_\_/\_\_\_ Session 2 \_\_\_/\_\_\_/\_\_\_ Session 3 \_\_\_/\_\_\_/\_\_\_

2. Was additional time required? \_\_\_yes \_\_\_no      If yes, could you assist? \_\_\_yes \_\_\_no

3. Was Peer Support required during MAP Sessions? \_\_\_yes \_\_\_no

4. Upon completion of work sessions, did Peer Member (check all that apply):

\_\_\_complete MAP documents?

\_\_\_have MAP documents properly witnessed or notarized?

\_\_\_report back that they properly distributed their documents?

5. What else would be helpful to get MAP done and working for this member? \_\_\_\_\_

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