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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v.3/17/22