## Facilitator Program Sheet

Group Name: _____
Date of Program: _____
Circle group type (s): Low High
# of participants: _____
Staff Names: _____
Duration of Program: _____

**Activities (list all)**

Ice Breakers _____
Initiatives _____
Lows _____
Highs _____

Instructions: Write down initial 3 problem solving steps determined by the group. Observe group and put Y or an N in the box for each time the group uses that step. If the group modifies their plan, write down the new goal and put an * in the activity in which is was first implemented.

Problem Solving Action Steps

| | Initiatives | Initiatives | Initiatives | Low | Low | Low | Low | High | High | High |
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