Follow Up Form

Confirmation Small Group Session

Please Check One: Year I ___ Year II___ Small Group Letter/Number: ____

Date of Meeting: _____ Session Covered: _____

Location: _____

Next Meeting: Date: _____ Time: _____ Location: _____

Please List Any Absent Candidates:
Name: Reason for being absent (if known):

Did you modify the lesson in any way? Yes ___ No___ If yes, please explain and include a reference to outside resources.

Any questions/comments/concerns/ideas/etc. for Coordinator:

Submitted By:_____ Date:_____