

DataPoints Group Service Form

Services Attendees

Date of Service: _____

Primary Staff: _____

Additional Staff: _____

Group Name: _____

Participants: _____

Father Attended: _____

General Service Details

Start Time: _____

Duration in Minutes: _____

Number of Guests: _____

Topics:

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Group Service Details

Child Care: ☐ Yes ☐ No ☐ Unknown ☐ Not App.

Food: ☐ Snack ☐ Meal ☐ No Food

Parent Child Activity: ☐ Yes ☐ No ☐ Unknown ☐ Not App.

***Father Attended**-Please write the participant's name if the baby father attends the group service with her.