

TWELVE-STEP MEETING REVIEW CRITIQUE FORM

NAME: _____ DATE: _____

**DO NOT TAKE THIS FORM TO A MEETING WITH YOU, AND DO NOT WRITE INFORMATION THAT
WOULD VIOLATE ANYONE'S ANONYMITY OR CONFIDENTIALITY.**

1. Meeting Information:

Program (A.A., N.A., etc.): _____

Location: _____ Date/Time: _____

Meeting Format: ☐ Tag/open sharing ☐ Speaker Meeting ☐ Big Book/Step Study
☐ All male/All female ☐ Young people's ☐ Other _____

2. What was the main topic of the meeting?

3. What were your general thoughts and feelings on that topic?

4. In what ways could relate to the experiences and feelings shared by others at the meeting? Were you unable to relate to some people, and if so, what was the difference between them and you that made you unable to relate?

5. What other thoughts and feelings did this meeting cause you to have?

6. What did you gain from this meeting?

REMEMBER TO BRING COMPLETED WORK SHEET TO YOUR NEXT APPOINTMENT

CLIENT NAME

CLIENT NUMBER