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SESSION PREPARATION SHEET

Name _____ Date _____

1. Comments, questions, or feelings to share about the last session:
2. Major issue for discussion, clarification, or planning this session:
3. Other issues, problems or opportunities for discussion in this session:
4. Decisions to be made this session:

5. Assignments from last session	Effort:	Benefit:	Doing it was:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

KEY FOR SELF-EVALUATION

- | | | | |
|-------------------------|-----------------------|----------------------|----------------|
| Effort: | Benefit: | Doing it was: | |
| 1. Didn't do | 1. No Benefit | 1. Painful | 7. Insightful |
| 2. Made slight effort | 2. Some benefit | 2. Overwhelming | 8. Rewarding |
| 3. Made moderate effort | 3. Definite benefit | 3. Confusing | 9. Challenging |
| 4. Made good effort | 4. Benefit in process | 4. Difficult | 10. Fun |
| 5. No opportunity | 5. Unsure | 5. Dull | 11. Other |
| 6. Other | 6. Other | 6. Interesting | |