

ABORIGINAL CIRCLE GROUP NOTE

Name:	Team:
DOB:	PARIS ID:
Gender:	Casenote Date:
PHN:	Age:

Reason:

Staff Member:

Group Attendance

☐

Present

☐

Absent

Referred To

Attendees:

Circle Name:

If Other, Specify:

Cultural Protocols:

Welcoming	<input type="checkbox"/>	<input type="checkbox"/>	Closing
Smudge/Medicines	<input type="checkbox"/>	<input type="checkbox"/>	Sharing Food
Prayer	<input type="checkbox"/>	<input type="checkbox"/>	Circle
Singing/Drumming	<input type="checkbox"/>	<input type="checkbox"/>	Check In

Experiential Events:

Spiritual

Cultural Teachings:

Identity

Language:

Time of Year:

Ceremony:

Intellectual/Mental

Wisdom Writings:

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Name:	PARIS ID:
DOB:	PHN:

Journal Reflections:

Emotional

Affect At Welcoming:

Affect At Closing:

Circle Guides

Staff:

Staff:

Staff:

Other:

Circle Notes:

Resources

Taxi Voucher	<input type="checkbox"/>	From:	To:
Return	<input type="checkbox"/>	From:	To:
Staff Accompany	<input type="checkbox"/>	From:	To:
Return	<input type="checkbox"/>	From:	To:

Bus Tickets 1 zone: 2 zone: 3 zone: Concession:

Signed by: Date

Program member reviewed? ☐

Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----