**Group Check- In (1 minute each)**

* **How are you feeling? (1 word)**
* **What Coping Skills did you use this week?**
* **Any substance use or unsafe behavior?**
* **Did you keep your Word from last week?**

**Group Check- Out (1minute each)**

* **What did you get from today’s group?**
* **What is your Word for your recovery this week?**

**“FEELINGS”**

