

Sonas Group Record Sheet

Note: This form must be completed for every Sonas Group Session. Please complete pg 1 before the session and pg 2 immediately after the session.

Date of Sonas Group Session _____ Time of day _____

Location _____

SPLP _____ Helper(s) _____

Names of participants:

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

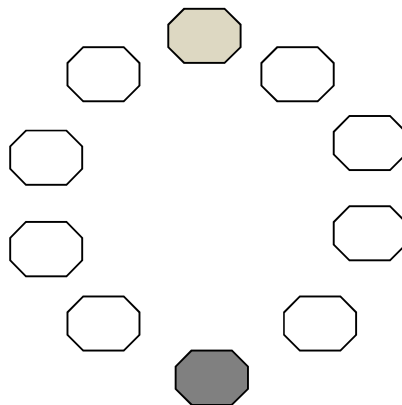
CD number _____ Session number _____

Taste item used _____

Smell item used _____

Other stimuli _____

Seating - e.g. who sat where (diagram allows for the SPLP and one helper)



Group Record Sheet pg 1

Comments on group in general

Comments on individuals

Recommendations for future sessions

This form has been completed by (name) _____