

## **FMN CST Group review summary on a page**

**To be completed after each group by facilitator team**

**Group venue:**

**Date of Group:**

**Number in CST programme?**

**Facilitators:**

**Participant name & observed well-being + 1 to +5; ill-being -1 to -5:**

**Nb observed well-being is a combination of engagement & mood:**

1

2

3

4

5

6

7

8

9

**Themes used:**

**What would you do differently next time?**

**What went well today?**