**What is your reason?**

Why do you want to start this support group?

**Planning**

Potential Partners?

1.

2.

3.

**Educate Yourself**What other groups do you have offered locally? (BIA, SCI, SC, etc.) When do they meet?

|  |  |  |  |
| --- | --- | --- | --- |
| Group Name | When do they meet? | Visit or talk to facilitator. | Notes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Skill Building**Check all that apply to you.

* Plan on visiting a few groups.
* Find a mentor or experienced facilitator to guide you.
* Attend session II of this series, where we will talk about facilitator skills.
* Other: ­­

**TSN Advisory Group**

1. 6.

2. 7.

3. 8.

4. 9.

5. 10.

**Location, time, and frequency of group:**

**Marketing Materials (Make sure these are approved!)**

* Flyers
* Brochures
* Referral cards
* Newsletter
* Mailings

**Who will help refer to your group?**

1. 6.

2. 7.

3. 8.

4. 9.

5. 10.

**What two steps can you take before we meet again in one month?**

1.

2.