



SESSION MONITORING FORM

** For monitoring use only. No need to submit to GLC.*

DGROUP LEADER'S NAME: _____

GLC LEVEL TAKEN IN SMALL GROUP (Please select one):

- GLC 1 ESSENTIALS
- GLC 2 ESSENTIALS
- GLC 3 LEAD

BOOK/ MODULE TITLE:						
NAME OF DGROUP MEMBERS	SESSION # ___	SESSION # ___	SESSION # ___	SESSION # ___	SESSION # ___	SESSION # ___

(You may use another sheet if there are other members or sessions.)